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Society Reports.

TRANSACTIONS OF THE OBSTETRICAL SOCIETY OF CINCINNATI.

Stated Meeting, January 10, 1884.

The President, Dr. J. Trush, in the Chair.

Dr. W. H. Dunham read the following paper on

Pertussis and its Treatment with Sulphurous Acid.

That whooping cough is a mycotic disease is admitted by most modern authorities, the older writers classing it, some among the catarrhal affections of the air passages, others among the neuroses.

In accordance with modern views I should place it among the *local infectious* diseases, attended and manifested by catarrhal and neurotic phenomena.

Local, because the germs are to be found in the neighborhood of the epiglottis; they may then proliferate downwards into the larynx, they *may* even enter the bronchial tubes and finally the lungs.

The catarrh gives rise to a cough, which does not differ during the inception and in the declining period from that of an ordinary catarrh, but during the middle period of the malady is spasmodic. This distinctive symptom has been attributed to the irritating and disturbing action of the specific contagia on the nerves which control the muscles of respiration.

Other writers attribute this cough to the impression produced upon the filaments of the pneumo-gastric, especially upon those of the internal branch of the laryngeal nerve, by the mucus which collects in the larynx and trachea, and which is known to contain the contagious principle in abundance.

Still another view is that the spasmodic affection may be produced by the pressure of enlarged bronchial glands upon the pneumogastric and recurrent laryngeal nerves. Dolan disproves the theory by two pointed facts: First, the glands could be swollen without causing whooping cough; and second, they are not always swollen in this disease.

Etiology.—About the year 1870 Letzerich supposed he had discovered the cause of pertussis in a fungus, which, received upon the air passages in inspiration, increased rapidly and produced the spasmodic cough by its irritating effect, or the irritating property which it imparts to the

mucous. In the first stages of pertussis he found only the spores of the fungus, and at a more advanced stage, in addition to the spores, he discovered the irregularly ramifying branches of the thallus. He introduced the mucus from a patient upon the fauces of the rabbit, and witnessed the production of pertussis in this animal.

Since his experiments Letzerich's opinion has been variously confirmed and denied by other experimenters. Recently Dr. Burger, of Bonn, has described the special micro-organisms of pertussis, which he states can be found in any specimen of whooping cough sputum. They appear as small elongated elliptical bodies of unequal length, the smallest being double as long as broad. Under a very strong power, transverse subdivisions can be detected in the largest specimens. They may form chains or groups, but are generally isolated and scattered singly over the field. They bear a certain resemblance to Leptothrix Buccalis, the spores of which are often found in whooping-cough sputum, but the latter are larger and stouter, and near them the filiform mature leptothrix is always present. Occasionally some of the specific bacilli are found to be inside of the mucous cells in the sputum. Dr. Burger concludes that this bacillus is the actual producer of pertussis, because it is not found in any other kind of sputum, because it is so abundantly produced in whooping-cough that its influence can not be doubted, because its abundance increases in direct proportion with the severity of the case, and "because the course and symptoms of the whole disease are best explained by the development of this fungus."

Smith, in his work on "Diseases of Children," in refuting the germ theory, says: "But a moment's thought shows us that this theory fails to explain the history and phenomena of the disease, for, unless the cause were something more subtle than the spores and branches of a fungus, we do not see how it is possible that the mother, contracting pertussis during the last week's of her pregnancy, should infect her fetus, whose circulation is entirely distinct, nor does this theory comport with the fact that pertussis passes through regular stages and declines, without any measures which are calculated to destroy the fungus."

We by no means agree with the conclusions as set forth in the above quotation; while the circulation of the mother is distinct to a certain extent, yet it is from this source that the fetus derives all its nutrition, in the later months, by absorption; and the separation is only by the thinnest of partitions; now the spores may have the power to penetrate this membrane of their own accord; or they may be absorbed through just as the fetus receives its nourishment; or, as sometimes does occur, a rupture of the partition may take place through which they may pass if not by direct absorption.

As to his second objection, viz., that the disease is self-limited, ceasing without any treatment directed against the fungus, this may be accounted

for in two ways; first, the fungus may be self-limited; second, which is more probable, the soil may cease to nourish the germs.

We know that in vaccinia the soil finally becomes so barren that the vaccinia germ can not be reproduced; so it may be with this disease, and the fact that, as a rule, the system is not susceptible to the influence of the infection a second time goes far to prove the conclusion that pertussis is a parasitic disease.

Treatment.—In considering the treatment of pertussis, we will assume the duration of the disease at the minimum of all observers, which is not under six weeks. If this duration can be materially diminished we can claim an advantage for the treatment; and, if not shortened, it would still be advantageous if the treatment would diminish the intensity of the paroxysms, or prolong the interval between the paroxysms.

In examining the literature upon pertussis it would seem incredible that any remedy or method had not been made use of in the treatment of this affection. It is true there are few remedies that have not been recommended and tried by the profession, many of them condemned and thrown aside as useless. Of the remedies that have in recent years received the highest praise are bromide of potassium, quinine, chloral hydrate, salicylic acid and belladonna.

Prof. Otto Huebner made what he termed a critical examination of these remedies and his results were as follows:

Bromide of potassium; this was given in solution, seven and one-half to forty-five grains per diem. In this table there were twenty-three cases treated; in no case was there any shortening of the duration of the disease; when it had any effect on the paroxyms, it was to diminish both the intensity and frequency, but this was only observed in nine of the twenty-three cases. Bromide of potassium, he concludes, is not a valuable remedy in this disease.

Quinine.—This was also given internally, but in small doses. There were eleven cases in this table; in three the duration was diminished and in each of these there was a decrease in both frequency and intensity of the paroxysms, as was also the result in two other cases, that is 5 out of 11. Quinine, therefore, in both respects, stands ahead of bromide.

Chloral Hydrate.—In two cases this was given internally, in eight others per rectum. The duration was shortened in two cases, the frequency and intensity of the paroxysms diminished in six; that is in more than by quinine.

Salicylic Acid.—This was given internally in one case, and in the others was used t. i. d. in form of a spray of a one-third to one-half per cent. solution. Out of 17 cases the duration was certainly shortened in two, and probably in two others. Very different was the result in regard to the amelioration of the paroxysms. In 10 out of the 17 cases there

was improvement in either the intensity or the frequency of the attacks. This effect was very marked.

Belladonna.—The powdered extract was used in doses of from .015 to .06 grms. Out of eight cases the duration was shortened in three, and in one other case the paroxysms were diminished. In its general effect on the disease, therefore, belladonna would take first rank. The author closes by adding that he believes the action of the latter to depend more on its benumbing of the nerves than upon its disinfecting qualities.

Dr. Forchheimer's modification of Letzerich's method, viz., the insufflation of quinine shows much more excellent results than any of those cited above. Of the 97 cases reported the average duration of the spasmodic stage was ten days in those treated from the beginning. Taking the average duration of the spasmodic stage to be four weeks, which seems to be a fair average, we clearly see the advantage of this treatment.

But, while admitting this to be true, we have the temerity to offer to the profession another remedy in the treatment of this disease, viz., acidum sulphurosum.

I first prescribed this remedy as a dernier resort in the case of infant P., æt. nine months, for whom I had been prescribing the remedies before mentioned and many others besides for five weeks without any favorable result whatever. I became discouraged with the case and prescribed the sulphurous acid without any particular reason for so doing, other than that all remedies so far proved useless and I knew it to be a parasiticide. In less than twenty-four hours the paroxysms were less intense and less frequent, and by the third day the spasmodic symptom was entirely eliminated, the catarrhal symptoms rapidly subsided and the patient was discharged.

In the second case of which I have notes, that of a child æt. four years, the same results were obtained after the fourth day.

In a third case, another child of four years, I obtained the same results after the third day.

In the case of one family of five children, aged respectively one year, eighteen months, four and a half years, seven and nine years, the length of time the paroxysms continued after beginning the acid averaged from three to five days. The older children had had this disease longer, and did not yield so readily to the acid as the younger. They were all in various stages of the paroxysmal period, from the first to the third week, and had previously been under other treatment, as heretofore mentioned, without result.

The last case I shall specify is that of a boy of two years, who had been under treatment for about two weeks for catarrhal trouble, without result. He then developed the *whoop*, and was placed upon the acid, and in three days was entirely relieved.

And so on might I continue to cite cases treated successfully with the acid during the remainder of the epidemic. There were but two exceptions out of thirty-five cases.

The first exception was that of an infant æt. three months. The duration was not diminished any, but the paroxysms were less intense and less frequent.

The second exception was occasioned by the fact that the remedy was not used according to instructions.

No other treatment was used in these cases after commencing the acid.

My method of treatment is as follows: As soon as my diagnosis is assured, I order for a child, say one year of age, ten drops of the sulphurous acid in a tablespoonful of sweetened water every three or four hours, according to the urgency of the symptoms. At the same time I direct that the acid spray be applied to the throat every four or six hours.

A few compressions of the bulb of a hand atomizer is sufficient at each application for ordinary cases. I have invariably made use of the pure acid for the spray, but have had occasion to use it only in the worst cases, not finding it at all essential in the milder cases.

I have seldom found any difficulty in administering the remedy as here indicated.

Sulphrous acid renders the mucous less viscid, allays the catarrhal congestion, renders the nervous irritation less intense, both by destroying the fungus and by anesthetising the nerve filaments, and it also prevents complications.

DISCUSSION.

Dr. Carrick remarked that whooping cough had just as many modes of treatment, and the results were as contradictory as in any other disease. Every physician had his favorite prescription, but what would answer in one case would not answer in all. He agreed with the essayist that the disease was of parasitic origin, making its first appearance on the epiglottis, trachea, and neighboring tracts.

His treatment for the past ten years had been to apply to the throat a strong solution of argent. nit. gr. xl. to aq. ℥i. This for a child of from eight to twelve years of age. For younger children he would use a solution of twenty grains to the ounce of water. He believed this remedy allayed the inflammation and destroyed the fungus, and hence would make the application one or more times, as the condition indicated. In the meantime he gave chloral hydrate in from one to three grain doses, according to the age.

He believed Dr. Dunham's paper expressed the views of a majority of writers of the present time. Sulphur, in its many different forms, was an old remedy. Children sent to the gas house were probably affected by the gas inhaled very similarly as in the administration of sulphurous acid. The treatment with nitrate of silver and chloral hydrate had proven so

satisfactory in his practice that he thought those who had hever tried it would certainly be pleased with it.

Dr. Stevens thought that most cases of pertussis ran a certain course. He did not readily accept the germ theory as to the origin of the disease. It might be so, but had not yet been satisfactorily demonstrated. If, however, it was due to a peculiar poison, the sulphrous acid, in the form of a spray, or taken internally, was just the remedy. He thought that opiates and chloral hydrate were really the remedies that had proven the most satisfactory. He had never tried the plan of swabbing the throat with nitrate of silver, and did not see exactly what pathological condition would be benefitted thereby.

Dr. Carrick replied that it arrested the inflammation and destroyed the fungus.

Dr. Wright agreed in the statement of Dr. Stevens that it was not yet settled that pertussis was due to a germ, and that this was sustained by the good results frequently obtained from almost any line of treatment.

He was somewhat surprised at the unusually good results obtained with the remedy, as detailed by the essayist, viz: sulphurous acid. Certainly his treatment surpassed in its results any that he had knowledge of. He could understand how, if this disease was due to a germ, this acid acted. Quinine has been extolled as a specific, when used by insufflation, but case after case has been reported where the effect of the remedy has been nil, and so with every known remedy. The bromides, ipecac, belladonna, have all been of service in the speaker's hands, and could have had no effect had the disease depended upon germs.

He did not think pertussis was, in its general acceptation, a self-limiting disease. Some cases were of shorter duration than others, let the line of treatment be what it may. In his own cases he obtained as good results from the bromides, in combination with ipecacuanha and belladonna, as in any other treatment.

Dr. Stevens said that while he believed whooping cough to be a self-limited disease complications might arise that would change its course. He recalled a case where a pleuro-pneumonic condition manifested itself the child expectorating large quantities of matter peculiar to this affection. It was put up on the use of muriate of ammonia and got well.

Dr. Isham, present by invitation of the President, was invited to take part in the discussion.

He said that in his experience with whooping cough he had made a trial of almost every remedy mentioned in the text books and journals, but had at last brought his treatment down to use of three remedies, viz: chloral hydrate, ipecac and quinine. He thought the results of his treatment would present as good a showing as the results obtained by the use of sulphurous acid or the insufflation of quinine. He had made a trial of

the latter but not with a beneficial result. Chloral hydrate not only limited the disease but also modified the paroxysms.

Dr. Cleveland remarked that the physician as a general thing saw only the worst cases of whooping cough. Most families on finding out the nature of the disease considered themselves competent to manage it. He thought the results of treatment would show that we have as yet no specific. He considered the essayist very successful, if his cases were of a severe type, but he thought that even sulphurous acid would be found to fail at some time. We were yet compelled to treat the disease symptomatically and most physicians resorted to quinine, chloral and opium.

Dr. Miles remarked that the subject of pertussis was of especial interest, from the fact that the mortality was greater in this disease and its effects than most physicians believed or imagined, unless they examine the mortality statistics for cause of death. An epidemic may occur at any season of the year, but those prevailing in the winter are the most severe. He gladly welcomed any new remedy that would prove valuable.

In his experience the treatment of Trousseau, belladonna given to the extent of its full physiological effect, had proved the most successful. While physician to the Orphan Asylum, he had witnessed the value of the above mode of treatment. Twenty to thirty children, ranging in age from six to eight years, were passing through the spasmodic stage of whooping-cough. He prescribed the fluid extract of belladonna. in doses of from three to five drops to the half teaspoonful of the mixture, The nurse, by mistake, gave a tablespoonful to each child. He was hurriedly summoned, and found them all wildly delirious, the pupils dilated, and the characteristic rash extending over the body. The full physiological effect had been obtained by mistake, with the result of cutting short the disease in about a week's time. Since that time he had had great faith in belladonna, and had never known it to fail when given in sufficient doses, excepting in those cases where catarrhal symptoms were present. He would give the belladonna for a period of three or four days, then discontinue for a time, and begin again. In cases where there are more or less complications, he resorted to the use of quinine, chloral, etc. He would certainly try the sulphurous acid.

Dr. George E. Jones said that in looking over the literature of the subject, he had enumerated forty odd remedies that had been recommended in pertussis at different times, some ten or twelve of which had had claimed for them positive specific results. It has been claimed for nitrate of silver, a remedy mentioned by a previous speaker, that it would cut short the disease in about ten days. In regard to the insufflation of quinine, he had seen a large number of families with whom the idea had prevailed that, under this treatment, whooping-cough should last but about fourteen days; but he had treated these same cases six weeks and two months afterward for the same disease. In his own practice he used opium,

quinine, oxide of zinc, and to control spasm had sometimes used chloroform, although he had found better results from the use of belladonna.

He had found one case among a family of children benefited by placing it in a close room and turning on the gas for a short time, while with the others it always produced strangulation. He had discovered this accidentally, the children themselves having one day turned on the gas while at play. He had not used the remedy recommended by the essayist, but thought that while it might prove beneficial in a large number of cases, still it was rather a broad statement to say that any remedy would cure from fifty to eighty per cent. of all cases.

Dr. Wenning remarked that the success claimed by different gentlemen by various methods of treatment left the question open, What is the pathology of whooping-cough? If it depends on some irritation of the nervous system, the relief afforded by anodynes and sedatives is readily explained; but if the disease depends primarily on the presence of some micro-organism—an opinion which seems to gain more followers every day—the most rational treatment will certainly consist in the employment of antimycotic agents, as, for instance, quinine, carbolic acid, salicylic acid, and also the agent for which such success was promised this evening—sulphurous acid. As the question now stands, however, from the result of treatment we have no criterion, as advocates of both the nervous and infectious theory claim equally satisfactory results from their respective remedies. The speaker was of the opinion that pertussis is an infectious disease, but this infection acts particularly upon the nervous system, causing these paroxysmal outbursts of coughing. Therefore, being a mixed disease, both methods, the sedative and antimycotic, are indicated; the former to allay the irritability, the latter to destroy the germ. If the germ is the cause that goes before, the most rational *primary* treatment is the administration of anything that will cause its destruction, but to reach its effects, the secondary treatment is the employment of such agents as will relieve this terribly distressing paroxysmal nervous cough. There can be no question that an ordinary bronchitis ushers in the disease and after this has lasted a certain length of time the spasmodic character of the cough appears; but the apparently simple bronchitis may be caused by the entrance of the germ of whooping cough, which, after it has been present in the body a certain length of time, will gradually attack the nervous system after the catarrhal symptoms have subsided. But be this as it may, the speaker did not consider himself competent to decide a question upon which so many eminent authorities differ.

He would only give his experience in the treatment of this disease, which he had the good opportunity of observing closely in his own family last year, when all three of his children were attacked with whooping cough. The disease was particularly obstinate in one little girl

three years of age. He had used almost every remedy that had ever been suggested without avail, and finally resorted to insufflations of quinine. Letzerich's prescription contained quinine .01, soda bicarb. .015, pulv. acacia .05 grams. He had modified this somewhat, giving from .03 to .06 grams of quinine, .03 grams of soda bicarb., 0.20 grams acacia. This treatment did not cut short the disease, but modified it somewhat. The child was very unmanageable at first, but afterward came of its own accord to have the medicine administered, because it felt the relief that followed. He, after a time, substituted benzoate of soda for the carbonate and left out the acacia. At one period of the disease he omitted the insufflation for a time, giving bromide potassium, ammoniæ muriate and belladonna, but the paroxysms grew worse and the insufflations were again resorted to with marked improvement.

While pertussis might be a self-limited disease, it does not necessarily follow that it cannot be aborted. Scarlet fever is a self-limited disease but it is not infrequently cut short of itself. He was not an enthusiastic supporter of the insufflation of quinine, but thought from his own experience that there must be some virtue in it.

Dr. Isham said that the statement of the previous speaker, as to the powder used for insufflation, raised the question as to what was the modifying agent. Bicarbonate of soda had been lately recommended in tonsillitis as alkalinizing the mucus and sudueing the inflammation. So small an amount of quinine seemed hardly available in this disease.

Dr. Wenning agreed with Dr. Isham that the soda might do of itself. As remarked before he had substituted the benzoate for the carbonate and he thought that it answered even better. The acacia had been omitted altogether as it clogged the tubes.

Dr. Reamy remarked that the testimony and clinical experience embodied in the paper just read called up two questions, first, has it added anything to the knowledge we already possess as to the specificity of the of the disease, and, secondly, if pertussis is due to a germ will sulphurous acid destroy it.

He did not believe that it had been positively proven that pertussis depended upon a germ; it had not been absolutely disproven, but the evidence was not conclusive in favor of the former belief. If Burger's theory is true then Letzerich's can not be true. Is it not probable that in the course of another decade a new theory may arise that will overthrow Burger's?

There is a peculiarity about pertussis that does not exist in other diseases known to be of mycotic origin, and that is that in this disease (pertussis) the fatality depends on the severity of the attack. In diphtheria and scarlet fever the most fatal results may occur in a mild case in form of sequelæ.

The statement of Smith, that the mother contracting whooping-cough

imparts it to the child, he has seen verified in three cases, the disease manifesting itself the first day after birth. His refutation of the germ theory on the ground that it would require a more subtle poison than the spores and branches of a fungus in order to infect a fetus through the circulation of the mother in the latter months of pregnancy, Dr. Dunham explains away with an argument that is very ingenious but not perfectly sound.

These micro-organisms, assuming that it has been determined, find a lodging-place on the respiratory mucous membrane by coming in contact with that membrane. That it will pass through the maternal and placental circulation, and be ready to act on the mucous membrane of the respiratory tract of the child, may be assumed, but is not proved.

Granting that this disease does depend on a specific germ, is it proved that the influence of local treatment is by killing the germ? If sulphurous acid or any other germicide is the remedy, it ought to arrest the disease at once. The most ardent adherent to the germ theory only claims tbat the disease can be arrested in about fourteen days. He, like a previous speaker, had had the care of whooping cough patients several weeks after they were supposed to have been cured by treatment based on this theory. However he believed that it is claimed that germs lodge in the ventricle of the larnyx, where they can not be reached by the germicide, which explains failures.

In his own experience the best results in the treatment of pertussis, after the decline of the catarrhal stage, were to be obtained by the use of belladonna, given to the full physiological effect,

Dr. Palmer said that, while we can not positively decide as to whether whooping-cough is a specific or germ disease, he thought the preponderance of evidence was certainly in favor of the acceptance of such a theory. These evidences are: The infectiousness of the disease, the period of incubation, the inception of the disease, the immunity which one attack affords against another, the class of remedies, paraciticides, which control it, as well as the microscopical appearances, etc.

There is a large amount of testimony concerning the virtues of quinine, topically applied to the upper air passages, and Dr. J. Lewis Smith gives the preference to inhalations of carbolic acid over all other modes of treatment, believing, however, that the results are owing to local anæsthetic effects of the carbolic acid over the terminal filaments. If the report this evening is to be explained, it is on the ground of the germicide properties of the sulphurous acid.

Dr. Palmer wished to corroborate, by his personal experience, what had been said in favor of belladonna. He, however, nearly always gave it in the form of the alkaloid, atropia, gr. i., ad. ℥i. Dose, one drop, gradually increased to ten drops, or more, three times a day, until the full physiological effect of the drug was manifested. While Trousseau

had very highly recommended this drug, it was Brown-Sequard who had first insisted that the disease could be greatly abridged by giving sufficient quantities of the medicine to produce and maintain delirium. Doses which produce free dilatation of the pupils, dryness of the throat, and exanthematous eruption on the skin, Dr. Palmer was accustomed to give, and then maintain, or only slightly decrease, this dose for three days. Solutions of atropia, within a week, will materially deteriorate (probably some ten per cent.) by the development of the penicellium. Hence a larger quantity of the old solution must be given, or a new solution ordered. He was confident that the spasmodic stage could, with belladonna or atropia, be mitigated and shortened.

Quinine he had used but little, except as a tonic. Infusion, or fluid extract of chestnut leaves, would, sometimes, act admirably. No remedy acts equally well in all cases, even if uncomplicated; but he believed that, all things considered, belladonna or its alkaloid was the best remedy we possess.

Dr. Dunham, in conclusion, said that he did not desire to detain the Society by entering upon a lengthy discussion, but would simply reply to a few objections presented.

In reference to treatment, all the remedies that have been spoken of by the fellows this evening, and all others that have proved successful in the treatment of this disease, can be divided into two classes: first, those that *destroy* the fungi (germicides); second, those that act by *benumbing* the *nerve filaments* (analgesies).

The successsul treatment of any disease lies in the *removal* or *destruction* of the cause rather than in rendering the parts insensible to the action *of* the cause; thus preference should be given, in the treatment of this disease, to the germicides over the analgesies, or to that remedy which combines both qualities.

The successful results which were met with in the use of sulphurous acid in pertussis justify lhe essayist in giving it the strongest preference in the treatment of this disease.

In reply to Dr. Reamy's remarks, Dr. Dunham said that it had been recently demonstrated that the fœtus in utero in the later months of pregnancy could be successfully vaccinated by vaccinating the mother. Here it is plainly to be seen that the vaccina germ is inserted into the mother's circulation, multiplies, and is transmitted into the circulation of the fœtus, where it likewise multiplies and becomes general.

The germs of pertussis can enter the fœtal circulation in the same manner; once there, it is quite natural for them to seek the locality most favorable to their propagation; this is in the region of the epiglottis, where, by their local irritating action upon the nerve-filaments, they establish the distinctive spasmodic symptoms of this disease in direct ratio to their increase in numbers.

The correctness of these premises is proved by the attempts of the inoculation of the poison of glanders, attempts which were made by Œrtel upon horses, and which showed that the disease always appeared locally upon the nasal mucous membrane, notwithstanding the fact that the contagious principle contained in the nasal mucous had been introduced beneath the skin of the animal.

Election of Officers.

The annual election of officers being in order, the following members were chosen for the ensuing year:

President—Dr. C. O. Wright.
Vice-President—Dr. W. H. Wenning.
Recording Secretary—Dr. Clara Ellsbury.
Corresponding Secretary —Dr. James S. Hyndman.
Treasurer and Curator—Dr. George E. Jones.

Address of the Retiring President.

The retiring President, *Dr. J. Trush*, then addressed the Society as follows:

Fellows of the Cincinnati Obstetrical Society: Another year has passed, and again the unfortunate individual whom you have just shorn of his power and reduced to the ranks stands before you to speak, as is his privilege, of the things done and left undone in the days of his exaltation—in other words, to inflict upon you the punishment of delivering the so-called "address of the retiring President."

On a similar occasion, my immediate predecessor in office congratulated the Society upon its prosperous condition and meritorious work. It is but just to say that, in my opinion, the Society has fairly maintained its old reputation, and hence is again to be heartily congratulated. I will not attempt to speak of its labors and progress in detail; a few items only shall be mentioned. In the first place, we have grown, numerically, to the utmost constitutional limits; our ranks are full; we have the *quantity*, and hence advancement in QUALITY alone, under the present constitution, is possible. In this direction, I am happy to say, we are not hedged in by constitutional barriers. Next, as a Society, we are free from debt—nay, more! our treasury is loaded with the revenues of years, untouched; and ere long we shall be called upon to grapple with the burning question, "What shall be done with the money?" Fortunately we have a "Library and Repository," where we can profitably invest our hoarded treasures. Right here, I am reminded of the fact that the whole project of the "Library and Repository" is still in an embryonic state, a few, *very few*, articles having been thus far collected; and the cause for this backward condition is not to be sought in any refusal of members to contribute to this end, for they have never been asked to do so. It arises simply from the circumstance that we have no suitable room or receptacle

for such property. Should we not make every possible effort to provide these necessary accommodations at the earliest possible opportunity, and then proceed to collect the property without delay?

Let us now turn from these material things and cast a glance at the intellectual work we have done in the past year. According to the Secretary's statement, very kindly furnished, at my request, the following papers have been read and discussed during the year in this Society, viz:

January 11. Essay, "Retained Placenta in Labor at Term," by Dr. Illowy.

February 8. Essay, "Valedictory of Retiring President, and Dangers of Slight Operations on Uterus." by Dr. Stevens.

February 8. Report of Case, "Protracted Labor from Shortness of Cord," by Dr. Wright.

March 9. Essay, "Placenta Previa," by Dr. Haight.

March 9. Report of Cases, "Two Cases of Placenta Previa," by Dr. Trush.

April 13. Essay, "Elephantiasis of Labia Minora," by Dr. Wenning.

April 13. Report of Cases, "Two Cases of Pregnancy in Complete Procidentia of Uterus," by Dr. Miles.

May 10. Essay, "Hydatidiform Cyst of the Uterus," by Dr. Cleveland.

May 10. Report of Cases, "Three Cases of Puerperal Eclampsia Treated Successfully by Morphine and Atropine, Hypodermically," by Dr. Trush.

May 10. Report of Case, "A Case of Recto-Vaginal Fistula," by Dr. Palmer.

June 14. Essay, "Face Presentations," by Dr. Carpenter.

Jnne 14. Report of case, "The Relation of Malaria to Inflammatory Rheumatism," by Dr. Wright.

September 13. Essay, "The Management of Abortions, especially of the Retained Secundines," by Dr. Stevens.

October 11. "Hæmatoma of the Vulva," by Dr. Wenning.

October 11. Report of Cases, "Cases of Cancer of Cervix Uteri," by Dr. Reamy.

November 8. Report of Case, "Trachelorrhaphy in the Nullipara, etc.," by Dr. Reamy.

December 13. Essay, "Parenchymatous Injections tnto the Cervix Uteri," by Dr. Carpenter.

December 13. "Verbal Report of Case of Typho-Malarial Fever in Connection with Pregnancy," by Dr. Wright.

December 13. "Verbal Report of Case of Amputation of Cervix Uteri for Elongation and Hypertrophy," by Dr. Palmer.

December 13. Verbal Report of Case, "Best Method of Managing Infant Born at Seventh Month of Gestation," by Dr. Zinke.

December 13. "Verbal Report of Case of Obstruction of Bowels in Pregnant Woman, Complicated by Labor," by Dr. Davy.

Thus we have twenty-one essays and reports as the entire number of subjects presented for discussion within the year.

Of these papers several were quite lengthy and exhaustive, others though shorter, touched upon exceedingly interesting ground, while none failed to be instructive. Our intellectual feasts therefore have been neither meager, nor unprofitable and I think I am not going amiss in saying that the words of praise uttered in this connection, by one of my predecessors, are as true, now, as they were then; they were to the effect that: "*our productions compared favorably with those of other similar societies, either at home or abroad.*" In general, therefore, the Society is to be commended upon the character of its work. A search into details however discloses certain obliquities, which I must beg leave to single out, in the hope that it may prove the means of their abatement. The Secretary's summary, already referred to, shows a *possible* attendance for the year (our ranks not being quite full at the beginning of the year) of 188, or an average of 18·8, but what has been the *actual* attendance? Only 50 per cent., or one half of what it might have been. This for a Society like ours, limited to twenty members, is to say the least, hardly creditable. We have but ten meetings per year, and it does seem to me that we ought *not* to fall short of, nor be satisfied with less than an average attendance of 75 per cent. of our membership. With a little diligence on the part of the officers of the society, in calling upon the tardy and backsliding, this could undoubtedly be accomplished. And again the regulation time of meeting has been sadly disregarded and certainly should be more rigidly observed in the future. Half past eight o'clock is, it will be conceded by all, late enough to begin the work of the evening; here then, also a little more zeal is wanted. Once more I must refer to the Secretary's statement. As seen a moment ago, twenty-one papers of all kinds were read during the year; but these were the intellectual productions of eleven, or twelve members only. Manifestly this also needs rectification. Each member, the secretary perhaps excepted, ought to furnish at least one regular paper in the twelve months and in addition as many reports of cases as possible. In saying this, I am only reiterating what has already been urged upon the Society by my predecessors. Members ought to freely pledge themselves at this time, the beginning of the New Year, to perform the amount of work just indicated. And in order that no one may plead ignorance of arrangements for the reading of papers, as an excuse, I would suggest that council issue a circular note, addressed to the fellows of the Society, setting forth that each member is expected to read as mentioned; and requesting to be informed when the member can offer

his production; the title thereof to be furnished then and there. Council should, however, in my opinion, accord first opportunity to be heard, to those members who have not been before the Society in the year just gone by. But to "break the ice" as well as to make sure of not being "left out in the cold" I herewith, on my own behalf make the pledge indicated, and would name as the title of my theme. "The causes and prevention of uterine disease," The paper to be read at any time after the April meeting, as council may direct. In conclusion I desire to express to the Society my deep sense of appreciation of the compliment paid me in the call to the first office in its gift, and to return my sincere thanks for the many courtesies shown me during my official career.

Stated Meeting, February 21, 1884.

The President, Dr. C. O. Wright, in the Chair.

Inaugural Address.

Dr. Wright delivered his inaugural address as follows:

Fellows of the Obstetrical Society: In accordance with custom, I am expected to present you with an inaugural address, and I can assure you at the onset it will be very brief, and only to comply with the requirements of the occasion.

A new year in the life of our Society is now started. When I look back and see the work acccomplished, the talented men who have presided over our deliberations, I can not but feel highly honored, and appreciate the kindness manifested in exalting me to be your presiding officer; and yet I assume the position with some timidity and fear—fear that I may not infuse in you that life and energy so ably displayed by my predecessors.

May I hope you will be as earnest in rendering the present as profitable as the past years; for upon you, not upon your President, who is but an integral part of your organization, devolves our success. Let us unite and resolve that this shall be the best of all our years.

How pleasant and profitable are these monthly gatherings, where we can analyze and sift the views, experiences, and theories of each other, and from which much good can be garnered.

In our first organization it was thought best to limit our membership, which number being small has enabled us to fill our ranks with—shall I say *all*—earnest, devoted workers, with an interest in the advancement of science and the reputation of our Society? Alas! I can not. Some of their names appear upon the roll, but the light of their countenances is seldom seen among us, much less taking part in the discussions, thereby throwing more work upon those who do attend. Is it right, is it just to us that we should carry them as members when we can readily obtain others who would share the burdens, the loves, and the talks with us were

there room for them? I would therefore suggest that council devise some means that we could have a more active, and not a passive, membership.

It seems to me, with our membership, that *every* meeting could and should have a paper, if the members would bear in mind that it was not contemplated to confine ourselves to obstetrics and gynecology exclusively, but that the diseases of children were to be included; and it was certainly a great pleasure to hear at our last meeting one of the diseases of children so pleasingly and profitably presented.

I do not purpose occupying your time with an elaborate address, but having been led recently by the force of circumstances, to direct my thoughts in a certain channel, I have concluded to briefly enunciate them to you, and hope thereby to elicit some expression from you individually and collectively.

The question has been frequently propounded to me, Why is it that the diseases of females have so greatly increased of late years? Is it due to an increase of knowledge on the part of the medical profession, or is it an established fact that women are more essentially diseased than formerly? My honest conviction is, that, although the first is true, the latter is the fact, and I think can be attributed to an improper intellectual as well as moral education. Do we, as medical men, pay that attention and give that advice to our patrons that would guard and protect their daughters as they are approaching puberty? Have, and are we raising our voices against the cramming process, the course of study the young girls of the present day undergo at our schools? It is not necessary, in a body of men such as compose this organization, to call attention to the state of the nervous system in young girls as they are approaching the menstrual periods. It is well known to us all, and we do know, that many of the seeds, if not the most of the diseases, of women are sown at this time of intellectual development. Should we not, then, as sanitarians, do what we can with those who arrange the course of studies for females, to lessen their tasks in accordance with their physical development?

The age in which we live is devoid of a certain amount of moral training; it is more devoted to worldly pursuits and pleasures and less of the home-life of our fathers. The great and crying curse, may I say sin, of the day, and one of the evils staring in the eyes of every physician, is this desire of women to be less child-bearers, and its sequence among so many of our females—abortion.

How many of you but can attribute the failing health, the broken constitution, the diseased frame of their patient to this effort of theirs to prevent becoming mothers. Does moderate child-bearing produce one-half as much disease in the mothers as their attempts at prevention? Do we, as physicians, endeavor with all the logic and knowledge in our power to impress upon our patients the train of evils, the dire disasters, that conclusively follow this interference with nature's laws?

Should we stop with the women in our lessons, or go further and strongly, nay imperatively, impress upon the man to subdue the animal instincts of his nature and lend a helping hand to the wife in not too rapidly increasing his family (and then the attempt at riddance) thereby assisting in the prevention of disease.

Society and its demands lessens in a degree the wifely, motherly feelings, and the thought of the coming child, hampering and preventing the free come and go, leads to a removal in its incipiency, with no thought of the right or wrong doing. The old injunction to "increase and multiply" is laid aside as a relic of the past, and the new adage of how to get rid of them is the new order of the day.

It should be denounced from every available point that the ear of women can be reached, in language unmistakable and clear, that abortions, premeditated, are a curse and a leading cause of disease, sapping the very foundations of the health of the individual and of society.

I have stated that I thought the diseases of females at the present day was largely due, as one of the causes, to a want of proper moral training, and I base this assertion upon the fact that abortions are a large factor in the creation of disease. I believe I touch upon tender ground when I assert that my information leads me to the conclusion that the greater per cent. of cases of abortion occur among Protestant families. Where do we find greater morality and virtue taught, than among those of the Jewish faith and where less premeditated abortion? Next, in teaching and doctrine, comes Catholicism, and then Protestantism, so by analogy we are forced to the conclusion that a prolific cause of disease in females is due to a want of proper moral training.

This line of thought could be carried on ad infinitum, but, appreciating your desire for brevity I yield to it, leaving the subject matter in your hands.

[Considering the importance of the subject the discussion of the above address was deferred until a future meeting owing to the lack of time —an already full programme having been announced for the evening.]

Dr. Trush reported

A Case of Placenta Prævia Centralis.

On the 11th of January last, just at noon I received a telephone message to repair, as speedily as possible, to Mrs. W. No. 37, Dunlap street, the message emanating from Mrs. Lucke, a midwife residing in that part of the city. I knew, in a general way, the nature of the case which had occasoned this call, Mrs. L. having, some six weeks previously consulted me concering the same and stated that she believed it to be one of placenta prævia. On the night previous to the consultation here referred to, Mrs. L. had seen the patient in question and had found her blanched from uterine hemorrhage and utterly unable to sit up without fainting; the wasting she learned, had been going on all day, but being moderate had

given no concern ; in the night however it grew so much worse that patient became alarmed and now sent for Mrs. L., her midwife. Upon examination Mrs. L. speedily became convinced that she had to contend with a case of placenta prævia; she therefore without delay applied a cotton ball tampon and succeeded in arresting the hemorrhage ; nor did it return next morning on removal of the tampon, nor after a disinfecting irrigation of the vagina. The patient had been enjoined to remain quietly in bed for a few days ; to avoid both stimulating food as well as drink, but to partake freely of iced lemonade, etc. Mrs. W. was at this time still from six to eight weeks removed from her normal end of gestation. This being her fourth pregnancy With this history before me and knowing Mrs. L. to be living in close proximity to the patient and fully competent to employ any of the ordinary emergency measures for such cases, more especially the cotton ball tampon, I advised watchful expectancy: Mrs. L was to be sent for on the first intimation of a recurrence of hemorrhage was to adjust a tampon if necessary, and at once summon me by telephone.

As remarked above, six weeks passed, before this call was made and it is needless to say that under the circumstances it was obeyed with all possible haste. Mrs. L. on my arrival informed me that hemorrhage accompained by "Pains", had appeared some two hours ago and being, herself, called immediately, agreeably to understanding, she had at once inserted a cotton ball tampon, had removed it however again, with the intention of readjusting it more tightly, some oozing of blood having been observed ; finding that the flow, for the moment had ceased, she delayed, waiting for my arrival. Mrs. L. reaffirmed her previous diagnosis, that the case was one of placenta prævia, and in all probability, central; she also gave the sitution of the child as a vertex presentation and left occipito-anterior position ; both of which statements I was subsequently enabled to confirm. From my own examination of the patent I learned that, she was undoubtedly in labor, the os being dilated to the extent of rather less than one inch and filled in every direction with placental structure. The hemorrhage was slight; the uterus and abdomen soft and not sensitive ; presentation and position—determined by external palpation—as given above. Patient markedly anæmic, with tendency to syncope on elevation of the head ; pulse fair and condition, in other respects, good.

An excellent opportunity, I mentally ejaculated, to try Hofmeier's bi manual version. On attempting to put the measure into practice, however, I found myself unable to reach any part of the presentation from the vagina because of the great thickness of the placental mass. The presenting head evidently could only be reached, either by perforating the placenta, or else detaching it from the uterine wall, at some point, sufficiently for the purpose. To do this, would I felt convinced, excite hemorrhage possibly very profuse, and would very likely persist, until the breech of the child could be made to occlude

the passage, *i. e.*, during all that time occupied with the process of turning and extending the lower extremities of the child. Such a risk in the anæmic condition of the patient, and the inadequate dilatation of the os—inadequate for passage of the hand in case of necessity—I was unwilling to incur; nevertheless, podalic version was, in my judgment, the proper procedure. To accomplish this, under the circumstances, I had but one other resource left, viz: the external method, after Wigand, a mode of turning which I immediately proceeded to execute. The effort, with some assistance from Mrs. L., succeeded admirably, in less than fifteen minutes from the moment of commencing, the operation was complete, the feet over the os and the head at the fundus. The turning manipulations, as was to be expected, had excited some uterine action and this presently led to renewed hemorrhage, and with it came the imperative demand for measures insuring its speedy arrest. The os, fortunately, had in the meantime yielded considerably, and was, I felt confident, passable for the half hand, if needful, so that the only appropriate remedy, extension of the lower extremities of the child, etc., could doubtless be successfully carried into effect; but, as I had already discovered, this could only be accomplished by passing the whole hand into the vagina. Accordingly the right hand was thus inserted, and it was now that I was able to ascertain more precisely than I had heretofore done the location and attachments of the placenta. Upon the right side and posteriorly it was still firmly adherent, but upon the left and rather anteriorly, separation had taken place; here two fingers were passed up, without obstruction, and being extended full length, just reached the border of the placenta, but not quite far enough to grasp the feet, which were to be felt, rather indistinctly, within. To this end I found it necessary to enter the half hand, and even now only one foot, the anterior seemed readily accessible. Not deeming the extension of the other leg imperative, the foot already in hand was drawn down into the vagina and externally, thus lodging the breech upon the bleeding utero-placental surface and effectually arresting the hemorrhage. The patient now received a teaspoonful of fluid extract of ergot, together with about a tablespoonful of whisky.

Spontaneous uterine "pains" soon became apparent, and these I endeavored to aid by moderate traction upon the extended limb; extraction thus progressed as slowly as possible, compatible with preservation of the life of the child. The latter, on being brought into the world, was deeply asphyxiated, but still living, as evidenced by the pulsations, just perceptible, in the cord. The usual resuscitation measures, diligently employed, soon succeeded in establishing regular respiratory movements. The placenta came away without trouble and literally without hemorrhage. Two more teaspoonful doses of fluid extract of ergot were given, at intervals of an hour; none being needed subsequently. Vaginal douches of hot carbolized water were also employed, both immediately

after the labor and for several days thereafter. It is only necessary to add that the mother made a good and speedy recovery, and that the child is likewise doing well.

Reference has been made in the forgoing report to Hofmeier's bimanual, podalic version in cases of placenta prævia. It will be remembered that in the November number (1882) of the supplement of the *American Journal of Obstetrics*, an abstract appears from a paper by Dr. M. Hofmeier, of Berlin, in which this gentleman reports his success with the method in question in forty-six cases of placenta prævia; thirty-five thereof occurring in one single year. (Truly a genuine epidemic of placenta prævia cases even for a large city like Berlin.) Having lost among this number rather less than three per cent. of mothers and about sixty-six per cent. of children, he considers himself justified, as certainly he is, to warmly recommend said plan of procedure in placenta prævia to his professional brethren. Manifestly, in the presence of such remarkable success in the saving of maternal life in this class of cases anything like criticism must seem presumptuous. If therefore I call attention to certain points in Hofmeier's procedure which seem to me objectionable, it is done solely for the purpose of eliciting the views of the Society respecting the same. Hofmeier discourages the use of the vaginal tampon after the os is passable for two fingers, rarely, if ever employing it later. When the os cannot be thus passed, cervical and vaginal plugs are permitted. Being passable, as stated, he proceeds to turn upon the feet by the bimanual mode and brings one or both feet down into the vagina, thus arresting all further hemorrhage. Now, as intimated in my report, the "internal" part of the bimanual manipulations necessarily entails hemorrhage, possibly very profuse hemorrhage, which will persist, until the version is complete and the lower extremities of the child have been extended, etc. Why not endeavor to avoid this loss of blood and turn by the external mode? Or, failing in this, why not preferably tampon the vagina, or both cervix and vagina, and wait until turning by the quicker, old, internal mode is possible?

DISCUSSION.

Dr. Palmer said that in addition to the interesting report made by Dr. Trush, he would supplement his remarks, and refer to cases of placenta prævia which he had recently encountered.

But first as to a few principles.

The great central fact to be remembered in the management of placenta prævia is that no woman is safe until she is delivered. To be delivered, the cervix must expand; for it to expand, there must be hemorrhage. How can this unavoidable hemorrhage be *best* controlled?

By common consent we depend upon the tampon for early hemorrhage, and, if possible, till the cervix is dilated. We all feel relieved if we can hold in check in a great measure the flow of blood till the cerxix

is open sufficiently for the head or breech to be engaged, or to seize a foot without the introduction of the hand into the uterine cavity. In many cases, especially lateral implantations, this can be done, aided, it may be, by rupturing the membranes, compressing the fundus, application of the bandage, ergot, etc. Just at this stage and time, we have two recommendations, one to wait and watch, expectant treatment, hoping the hemorrhage will cease, and nature accomplish the delivery safely; the other to precipate action, proceed at once to expedite labor, turn at all risks. Either extreme may be very dangerous ; one the error of ommission, the other of commission. In the one case we may allow her to bleed to death, in the other make her bleed to death.

We may lay down certain rules to guide us in the treatment of placenta prævia, and rules we must have. They should ever be held in mind. But in no obstetrical complication, is there greater need for a cool and clear head, and a courageous hand. To know just *what* to do, and just *when* to do it, are the elements of safety and success. To know just when to cease following the expectant plan, to abandon dependance on the tampon, and assume active interferance, is a nice point.

Unfortunately, we can not rely on the tampon of any kind in all cases, as a means to arrest or abate the hemorrhage till the cervix is fully dilatated. The more nearly central the implantation is this especially true. Nor, will a partial separation of the placenta by the different methods be always sufficient. If the head would settle firmly within the cervix, well and good, but it does not; often it can not. To complete labor we must turn. The bi-polar method is to be preferred, because, as Dr. Trush has pointed out, it implies less shock and less interferance within the uterine cavity. This may be impossible, but should at least be first tried. Bring down a foot by it, if possible. If not, bring down a foot by the prodalic method, and with this foot and leg (anterior), make traction till the breech is within the cervix. We have now a tampon – the breech — which is superior to any artificial device. The breech, full, round, soft and firm, makes the necessary pressure around the cervix, and hemorrhage is arrested. There is *now* no need of haste. Certainly not, if the child is dead, nor if strong and active. If feeble, there might be, for its sake, but we must not jeopordize the mother's interests with a view of saving the child. *Gentle* and very *slow traction* is the safest method of delivery, not only for the safety of the mother, the reduction of shocks and hemorrhage to a minimum, but the integrity of the soft tissues, especially of the undilated cervix. Many authorities do not refer to this SLOW method of delivery, and the remainder do not dwell upon it to the extent and with the emphasis its importance deserves.

Dr. Palmer said he wished to refer to it here as a very valuable method of delivering in these cases. He had availed himself of it. One instance recently encountered in consultation with Drs. Richard and Koehler,

might be mentioned. The implantation was on two sides (so-called central). One side had become detached by uterine contractions and manual manipulations. The tampon, thoroughly applied, had failed to check the hemorrhage. Bleeding had been repeated at several intervals, was now profuse, and the patient was rapidly sinking. The child was seemingly dead; the cervix less than one-half dilated, but dilatable. Turning (podalic) and delivery were accomplished in the above manner, most satisfactorily, there being an improvement in the patient's pulse and condition very soon after the breech was engaged within the cervix, for the hemorrhage was then effectually checked. Delivery was effected very slowly, the patient recovering without any special untoward symptoms.

In reference to the inquiry as to the advisability of Simpson's method of detachment of the placenta, he thought it was generally objectionable. Now and then it was the proper thing to do. For instance, in cases, especially of central implantation, when the placenta had become greatly detached, and is hanging down through the cervix, the child being dead. Complete removal of the placenta, and delivery, either by forceps or version, offered the best chance for the safety of the mother.

Dr. Carpenter asked if it was the universal practice to perform version. She had had experience with but one case in hospital practice, and in this case, the os being dilated, the membranes were ruptured and the forceps applied. She wished to know if it were not as well to do so as to resort to turning.

Dr. Cleveland remarked that the second speaker's remarks admirably supplemented those of the first. He thought it probable that Dr. Palmer's method would be applicable in a larger number of cases than that of Dr. Trush. It was impossible to lay down general rules by which these cases may be managed.

He, at one time, had had quite a series of cases of placenta prævia, and had started out with the belief that turning was the best thing to be done. His first two cases terminated fatally, and, when called to the third, he thought it best to modify his views and treat the case according to indications. This case he tamponed and, in the end, what he thought to be a central implantation turned out to be lateral. He thought the suggestions of both Drs. Trush and Palmer were good and practicable.

Dr. Miles mentioned a case, which he had seen in consultation, where there was a central implantation of the placenta. The woman was extremely exhausted from hemorrhage. The head was in the cervix and he succeeded in applying the forceps and in effecting delivery. In all the other cases he had managed he had resorted to podalic version.

Dr. Trush said he would define the meaning he attached to the term placenta prævia centralis, as used in his report, allusion having been made to this point by one of the speakers. If, in any case, the os internum, together with a certain portion of the adjacent uterine wall, is

covered with placental structure, the case is one of placenta prævia *centralis*. In the case reported he was unable to say how far to the right and posteriorly the placenta encroached upon the uterine wall, as in these directions it—the placenta—was still adherent, and he had no occasion to detach it; but upon the left, a strip of from one and one-half to two inches in breadth must have been located upon the adjacent—adjacent to the os—and corresponding uterine wall, inasmuch as full extension of his fingers, from the external uterine orifice, was necessary to reach the border of the placenta. Under the circumstances he deemed the term "centralis" perfectly proper.

He regretted that speakers had not expressed themselves more fully than had been done respecting the danger of hemorrhage consequent upon the finger manipulations in the cervix, incidental to the Braxton Hicks bimanual mode of turning. To him, this part of the operation, for reasons stated, had always seemed objectionable; he was, however, compelled to admit that, so far as he knew, Hofmeier's success in saving maternal life, had never been equalled by any other mode of procedure.

Respecting the question by one of the members, concerning the relative value of podalic version and forceps—the child being cephalic presentation—in cases of placenta prævia, he had only to say that in his opinion the forceps were suitable for those cases only where on arrival of the physician the os was sufficiently dilated for the use of this instrument and where besides the membranes occupied a portion of the opening, thus admitting access to the head without perforating the placenta, or those other and rare cases where the placenta had already been forced down into the vagina. In all other instances of placenta prævia, to wait for sufficient dilatation, with a view to the employment of the forceps, was to expose the patient to the most imminent danger from hemorrhage. He had seen a case of this kind, some three years since, in consultation. The attending physician had permitted the labor to go on all day, the hemorrhage being at no time profuse, but constant. When seen, late in the evening, by the speaker, the head lay loosely in the os, the latter being fully dilated; the membranes ruptured at the margin of the placenta. The patient was completely exsanguinated, and the uterus had ceased to act. Here the forceps, of course, were employed, but it was too late, the patient dying next morning, evidently from the great loss of blood she had sustained *before* delivery, the subsequent loss having been a mere trifle.

As to the fatal issue in Dr. Cleveland's case, under prodalic version, he regarded it highly probable that this patient would have succumbed under any management, the loss of blood when the Doctor arrived having been already so great that she was past hope. It was, therefore, the late arrival, late because not summoned sooner, of the physician, not the operation he performed, which determined the lethal result.

While on the floor he would ask if members had had any experience with the method of Kleinwachter, of Prague, in treating the hemorrhage in placenta prævia cases. His attention had been called to this matter by Dr. Sittel, of this city, who had kindly sent him Kleinwachter's recent work on Obstetrics, in which this method of procedure is fully described, the gist of which was, that when hemorrhage occurs in placenta prævia, a jet of cold water is thrown as nearly as possible upon the bleeding surface, until the bleeding is arrested. If labor sets in, he detaches the placenta around the borders of the os to an extent equal to the size of a dollar, the detachment being done by small stages, and after each separation the jet of cold water is thrown upon the respective surfaces, until the hemorrhage ceases. Thus little by little the detachment proceeds, until the circle is complete.

He goes on to say that now the os and cervix could dilate without further hemorrhage, until it equaled in size that of the previous detachment, when renewed separation of placenta occured, until delivery was possible.

Dr. Cleveland reported

A Case of Singular Presentation of the Fœtus.

Mrs. R., æt. forty-two, pregnant with her eleventh child, had had in her previous confinements very easy labors, of large build and capacious pelvis. She was confined December 28th, 1883. Was sent for three times on false alarms before the event culminated. Previous to this she had been very accurate in her judgments, never having been deceived before this time. First saw her in the afternoon of December 28th; the os was soft and dilatable, the membranes were protruding but no evidence of pain. Nothing notable about the case except the excessive abdominal distention of the patient. She felt positive and so expressed herself that she was going to bear twins, and complained of the annoying activity of the pair. I called again about 10 p.m. before retiring. She told me that the pains had been frequent and part of the time severe, but they appeared to accomplish nothing, the child remaining as high up as it had always been. I omitted to state that upon my first examination I failed to detect anything except the protruding membranes. At my second examination, made some six hours after, I found that labor had been progressing, the bag of waters had advanced into the vagina filling it and beginning to protrude from the vulva. During pains the membranes of course were tense, but between pains, the flaccid condition of the membranes enabled me readily to detect the dilated os, sufficiently so to admit of the introduction of the hand but nothing could be felt presenting. Introducing my hand into the vagina, I readily felt the feet presenting and in close proximity and on the opposite side was something which I naturally supposed to be the buttocks. Having determined to deliver manually, I gave her ʒi. of fl. ext. ergot, and waiting for half an hour, I proceeded to deliver her.

I introduced my left hand into the womb and found a singular condition of affairs. I first found the feet with the legs extended, and the toes pointing to the right side; on the left side of the false pelvis rested the head with the occupit turned to the heels of the fœtus. This could be detected through the loose membranes between pains and was verified after rupture by running my hand along the legs and body of the fœtus before delivery. After rupturing the membranes, the feet were siezed and delivery accomplished very easily. The gush of waters that followed rupture was the most profuse that I have every witnessed, it gushed along the arm of the operator wetting him to the arm pit, and ran down the sides of the bed in a little torrent. The amount of the amniotic fluid is difficult to estimate, but I do not think three gallons would be any exaggeration in this case.

The position of the fœtus explained why unassisted delivery had not taken place: when pains occurred the head and feet were drawn closer together, one preventing the other from entering the superior strait, and the unusual amount of amniotic fluid made it possible for the fœtus to get in this very unusual position.

NEW YORK ACADEMY OF MEDICINE.

Meeting of February 7, 1884.

Continuation of Discussion on the Prevention and Treatment of Puerperal Fever.

Dr. W. M. Chamberlain did not propose to enter into the general discussion of this subject, or of either of the papers which had been read, but would like to notice some remarks made at the first discussion upon the glass tube, mentioned by Dr. Thomas, and devised some years since by himself for washing out the septic puerperal uterus. Dr. Thomas had stated that he had found occasion to make some modifications in the instrument, namely, to bring the openings nearer together at the uterine end, and to make an opening at the extreme end. The first of these Dr. Chamberlain had long since done, but about the propriety of the second he had still some doubt. Another gentleman had criticised the tube as too large, and this suggested a point of much diagnostic value, as it seemed to him, in determining in what cases intra-uterine injections should be employed, and when they should be omitted, or, if employed, suspended.

In every autopsy of a woman dead of puerperal fever which Dr. Chamberlain had seen, he had found the uterus large, soft, and flaccid, and in every case seen during life, since he became critical on this point, the same condition had existed.

There were different grades of septicemia. For instance, there were those that followed after slight breaks in the mucous membranes of the

genital passages, a little tear of the cervix, vagina, or perineum; marked by a gradual rise of temperature, day by day, until, a week or more after delivery, the patient might pass into a critical condition. This was the analogue of surgical fever, and was to be distinguished from the explosive form, which was generally seen within forty-eight or seventy-two hours after delivery, ushered in by a sharp chill, lochial fetor, rapid rise of temperature, restlessness, anxiety and prostration.

When this existed, so far as he knew, it always suspended the process of involution; the uterus became relaxed, the discharges accumulated in it and were partially retained, and the womb became a hot-bed where microbes fructified in profusion, or the virus of putridity fermented unrestrained.

These were the cases, he believed, which required antiseptic irrigation, and in these the os was so patulous and so soft that a large tube would pass readily, and would give a leverage to lift the soft anterior lip, leaving beneath it a space for the exit of the injected fluid. In such cases and in such tissues a large bearing surface was safer, even as a large sound was safer than a small one in a soft urethra, while, if the uterus was itself thus open, there was reason to believe that its tubes and sinuses might also be patulous and so liable to be entered or injected by a small tube, particularly if it were open at the end.

The remarkable studies of Dr. Garrigues had shown us that the ordinary lochial discharge in a normal delivery was not noxious if access of a ferment or a contagium from without were carefully excluded.

To Dr. Hunter's objection—that in his (Dr. Chamberlain's) tube, as first made, the antiseptic fluid escaped into the vagina before reaching the uterus—he could only say that one very narrow hole could not empty a large tube rapidly, and that, clinically, he had had the best results from its use.

He would repeat that he found no occasion for irrigating a uterus in which involution was going on at or about the normal rate, for such a uterus did not contain the septic material to be washed away. In some, at least, of the cases in which the injections had seemed to do harm, it was to be ascribed to the failure to make this distinction.

Dr. H. T. Hanks read a statement of his views, in substantial agreement with those expressed by Dr. Thomas, with the exception that in many cases he thought it unnecessary to resort to all the details of the antiseptic treatment. For example, he would not use ante-partum vaginal injections, nor would he apply the carbolized napkin. After labor, however, he always used vaginal injections, and believed them to be necessary.

Dr. Wm. T. Lusk spoke as follows:

I think the Academy is to be congratulated upon two such papers as that of the evening and the one of December 6th, as, in many ways, in

spite of seeming antagonisms, they really in a measure supplemented each other.

While it is my desire to confine my remarks to the local treatment of puerperal fever, yet I will venture to state my faith concerning the ætiology of the disease, as in practice every man is governed by his theoretical views. I would say that, in my opinion, surgical fever and puerperal fever are not simply analogous, but are essentially one and the same process.

To maintain this definition it is, however, necessary to bear certain facts in mind. Much confusion has been occasioned by the failure to classify as distinct from puerperal fever the action on the puerperal woman of certain extraneous poisons, such as those of scarlatina, of typhoid, and malaria, which are so modified by the puerperal state as to lose some of their characteristic features, and to present many of those usually attributed to puerperal fever.

Again, certain differences in the symptoms of surgical and puerperal fever are due to differences which are purely anatomical. The entrance of poisons into the system through a clean-cut stump necessarily would be attended by phenomena somewhat different from what would be produced by the same poison when introduced through a puerperal wound, where the serous infiltration of the tissues, the wide interspaces, the dilated lymphatics, and veins—all constituting the ordinary machinery for the removal of retrograde products of the pelvic organs during childbed—are equally active in conveying deleterious as well as normal materials into the organism.

Again, it should not be forgotten that in puerperal women a special danger exists in the proximity of the peritonæum to the seat of infection.

But, even where differences in symptoms are not explicable upon anatomical grounds, we still find surgical and puerperal fever linked together by the presence of the round bacteria. Both diseases are of septic origin. Many of the arguments against the septic nature of puerperal fever are based upon a confusion of terms and the failure to recognize the modern distinction between putrid intoxication and septicæmia proper. A decomposing fluid, containing rod-like bacteria alone, is characterized by foulness, and, injected into the veins, produces symptoms resulting from disturbances of the nerves, the blood, and the chylopoietic system; but, unless the injection be large or frequently repeated, the animal experimented upon, after a period of prostration with fever and stinking diarrhœa, recovers. This form is not inoculable, because the rod-like bacteria under no circumstances thrive and multiply in the human system, and this explains the fact that physicians have been able in some cases to pass from the dissecting-room to the lying-in chamber with their hands foul with decomposing matter, and yet not communicate pueperal fever. But the round bacteria, unlike the rod-like variety under favorable conditions

which we sum up under the term "predisposition of the patient," may penetrate the tissues, enter the lymphatics, and become distributed to the parenchymatous organs and to the serous cavities, and far away from the original site of infection may form sturdy colonies which excite destructive inflammation, or interfere with the performance of function. Or, again, the round bacteria may be disseminated through the system by portions of thrombi which form in veins as a consequence of inflammation, of pressure, or of enfeebled circulation. In all cases, it is true, the general infection may not take place. If the septic micrococci are of feeble vitality, or meet with active resistance from the invaded tissues, their progress may be arrested at a short distance from the point of entry, when they give rise to circumscribed inflammations, such as pelvic cellulitis and peritonitis.

Round bacteria thrive in putrid fluids, and are commonly present in them, but they may be absent, as we have seen, and they may be active for evil where putridity is absent. The order of the discharges from a wound is not the sole criterion of their malignity.

With regard to prophylaxis, I think too great a burden could be thrown upon the practitioner by insisting upon non-essential details. My experience does not entitle me to expect great results from washing the floors, walls, and furniture with antiseptic solutions. At least in the lying-in hospitals, where I have witnessed many epidemics of puerperal fever. there has been a time when everything was vigorously scrubbed; no pictures adorned the walls, no carpets decked the floors, and carbolic acid was used without stint, but I have never observed that these precautions exerted the slightest influence in the prevention or the stamping out of puerperal fever. The fumes of sulphurous acid have since been substituted for the old-time scrubbings with the best results, and I would strenuously recommend the modes of disinfection employed by the Board of Health in all cases where there has been previously scarlatina, diptheria, typhoid, or erysipelas in the household. In this connection I would state that a woman ought never to be confined in the chamber adjacent to the bath-room, as I believe that puerperal women are extremely sensitive to sewer-gas poisons.

In normal confinements the uterus contracts down upon the child during its expulsion in such a way that no air naturally finds its way into the uterine cavity. There is no evidence that decomposition ever occurs normally in the uterine cavity. In the vagina, on the contrary, all the conditions favor putrefaction. There the lochia stagnate, and there are found heat, air, and moisture, the requisites of decomposition. Putrefaction of the uterine contents in such cases is not a primary, but a secondary condition, the decomposition beginning in the vagina, creeping upward only after a distinct interval into the uterine cavity. This I consider an important fact, as in practice, where labor has been normal and there has

been no needless interference with its progress, if the vagina is thoroughly cleansed it is rarely necessary to carry the injection into the uterine cavity.

In cases of difficult labor, on the contrary, where the hands or instruments have been introduced into the uterus, primary intra-uterine decomposition is rendered possible, and is then especially favored by the presence of bits of placenta or decidua. In such cases, where putrid intoxication alone exists, the intra-uterine douche is often the direct means of saving our patients' lives. It will, however, be far better if the disinfection is employed, not after the symptoms of poisoning have developed, but immediately after labor. The douche is then harmless, it stimulates the uterus to contract, and is a powerful means of preventing subsequent dangers. For my own part, I prefer the fountain to the siphon syringe, because with it there is less danger of introducing air, or of forcing a passage through the Fallopian tubes.

The douche, however, is not infallible. In cases where there has been inoculation of the round bacteria, they often invade the tissues beyond the original lesion, and it is of small avail to wash out the uterus when the victorious army has advanced far away from the point of attack. Washing the arm daily after vaccination does not prevent the development of vaccinia. Washing the uterus after the pelvic tissues are infiltrated with septic microspores, may cut off the reinforcements, but does not prevent the progress of puerperal septicæmia. I would advise, therefore, not to continue the uterine douche in cases where the results of the first thorough injection furnish the evidence of its impotence.

The results of antisepsis, as I understand them, have been most surprising in the great lying-in asylums of Europe. In Vienna, in my student days, the mortality often reached five per cent., whereas at present, in spite of the freedom with which the hospital is thrown open to students of every race, the deaths from septic causes are barely one in two hundred. In Prague, where Seyfert for many years fought the battle for the specific origin of puerperal fever, in Professor Streng's division, of eleven hundred confinements there has been no death from puerperal fever. But in these hospitals, and everywhere, the indiscriminate use of intra-uterine injections has been invariably followed by an increased mortality. With all the blessings from their employment, with the indubitable fact that they have been the means of saving many lives, unless the indications for their use are carefully restricted, it is to be borne in mind that they are likewise capable of adding largely to the risks of the puerperal state, and of swelling the death-roll from puerperal causes.

Dr. Paul F. Mundé had listened with much pleasure and interest to Dr. Thomas' paper and to the discussion, but he had felt at a loss as to what to say himself. Since he began the practice of obstetrics, about eighteen years ago, he had seen a number of cases of puerperal fever in hospital and private practice, and it had become his custom to treat the

disease locally—just as a wound which gave rise to septic infection would be treated in any other part of the body—and he had to confess his conviction that puerperal fever was, properly speaking, puerperal septicemia; yet he would qualify this statement somewhat. Certainly, when he was called to a case in which he found an offensive discharge from the uterine cavity, with rise of temperature, preceded or not by a chill, he felt it his duty to wash out the cavity of the uterus, and, if he failed to do this, he felt that he had failed in his duty to himself and to his patient. But he had seen cases in which, in the entire absence of evidence of infection of the uterus or of the parametrium, he could not help feeling that the condition was something different from what we found in cases of septic infection, and that there were instances where we could not exactly trace the sources of the trouble to septic infection. In short, he was obliged to subscribe to the views of the honored president in so far as to believe that there were some forms of puerperal fever which we could not call puerperal septicemia. What the nature of the poison was in these exceptional forms of puerperal fever he could not say. He saw no reason why there might not be two forms of fever in the puerperal woman; one being what was known as puerperal septicemia, and the other a zymotic, infectious disease—puerperal fever proper. At any rate, whenever he had a case of fever during the puerperal state, with offensive lochia, he took the risk of washing out the uterus, and, even if it were not necessary, he felt that, if properly done, it would probably do no harm.

With regard to prophylactic vaginal injections, much had been said for and against them. He himself had employed them regularly, but he must admit that the objections that had been brought forward against them might have some foundation. Probably one of the chief reasons why he used them was that the nurse and the patient commonly thought that all had not been done that should have been done if they were neglected, and would surely impute anything that might happen to their omission. He objected to the use of the Davidson syringe for either vaginal or uterine injections; cases had been reported in which liquid or air had been forced by it into the uterine sinuses, resulting in death, and he had seen one case of dangerous shock from an involuntary injection of the uterus by the nurse on the ninth day, while giving a vaginal injection with this syringe. He always used a fountain syringe, as Dr. Thomas had recommended in his paper, and he thought its advantages should be still more emphasized. The mere absence of discharge from the uterus did not contraindicate the injections; indeed, it might be a special reason for employing them. This was illustrated in a case in which the discharge had ceased simply because the uterus had become anteflexed, and the uterine cavity closed in consequence. A chill took place, and the temperature rose to 105° F., but these symptoms were

relieved at once by straightening the uterus by bimanual manipulation and washing out its cavity. He doubted the advantage of a terminal opening in the Chamberlain tube. He agreed with Dr. Lusk that, when the temperature remained high in spite of the injections, the "victorious army" had probably gone on into the general system, and our washings simply brought away the rear guard, and were liable to do more harm than good if continued.

Dr. Gaillard Thomas concluded the discussion as follow:

Mr. President and Gentlemen: When quite a young lad I was present at a murder trial which made a deep impression on my mind. When the case had been presented, the attorney for the commonwealth, who was a florid and rather bombastic orator, got up and made a speech of two hours. At its close all were very anxious to hear the counsel for the prisoner, who had a reputation for great eloquence. Judge of the surprise of the audience when he arose and quietly said: "May it please your Honor, the case is closed; I rest it here. The gentleman on the other side has made so able a speech in favor of my client that I rely upon it for his acquittal." The prisoner was acquitted. I feel very much in this way with reference to the paper of Dr. Barker, to which I have just listened with feelings which I know you, who are his well-wishers, fully share with me—feelings of surprise, regret, and sorrow.

Discussions such as this can not fail to do good, however, for I am a great believer in the old Latin adage, "*ex collisione scintilla*"; and although, in view of the very grievous errors which, according to my distinguished colleague, I have brought before the profession and suggested for its adoption, I may be preferring silver to gold in deciding in favor of speech instead of silence, I feel called upon to say a few words in simple self-defense, that first law of nature.

Our honored president has been very guarded in opening his attack upon my paper, and has seemed to feel concern lest its author should take offense at his sallies. Let me assure him and you that it would take a great deal more than such a discussion as this to weaken the ties of friendship which a quarter of a century has cemented between us, or to cause me to take exception to the criticism of one whom I have often, in times past, encountered in the lists of debate, and have ever found just, magnanimous, and courteous!

But also! gentlemen, my adversary has to-night incautiously and, I think, unwisely ventured to use against me that dangerous weapon—a two-edged sword—ridicule. Right mercilessly has he given me one edge; let him beware of the other!

As I saw him draw and flourish this weapon a few minutes ago, I experienced mingled feelings of pleasure and of pain. In a scientific discussion, more especially in a debate which directly and immediately concerns the saving of human life, which at this very moment is being de-

plorably sacrificed among us, ridicule, elsewhere a powerful weapon, is the poorest and most pitiful of arguments! It is the resort of the weak, not of the strong; and, as my adversary used it just now, I said to myself, "He feels himself to be very, very weak; he totters upon his pedestal; 'tis a pity that he should feel so; for otherwise that master pen which so often in times past has enchanted us would not to-night emit what carries pain to my heart and to the heart of every true friend of his in this assembly, evidences of irascibility and of irritability which are so little characteristic of his real nature; otherwise I should not be able to recognize, as all others must do, the utter want of logic, the deplorable absence of argument, the total neglect of appeal to facts, and the conspicuous presence of signs of wounded *amour propre* which unite to form an unwholesome stream that meanders through his essay.

I shall not detain you long. I have little to say, for Dr. Barker's attack calls for no rebuttal, and demands no argument on my part. I said all that I had to say on December 6th, when the original firebrand was thrown down and picked up by the wrong end by my excellent friend. There are, however, one or two points upon which I must touch to avoid misrepresentation.

Dr. Barker declares the pathology which I have advocated to be unsustained by even the most recent researches of those whom we recognize as guides; he appears to object to the fact that I have not stuck closely to the dicta of our text-books, and hugged to my soul the tenets of a bygone time as he has done. This is hardly fair. I strove to follow the advice of Dr. Billings when he says: "Have something to say, say it, stop when you have said it." Had I had no opinions of my own to offer you, had a practice in a large metropolis and in great hospitals taught me nothing during a period of thirty years, I should not have appeared before you. Let my adversary inform himself upon the recent views of pathologists upon this subject, and he will find that it is his views which are effete, not mine which are jejune.

So, far as I can gather anything certain from his discursive paper, the pivotal idea of Dr. Barker's attack seems based upon the belief that I regard the lochial discharge as a poisonous fluid, which, by absorption, by abrasions in the genital tract, gives rise to puerperal septicæmia. I need not tell you that no such absurd idea ever obtained foothold in my brain or enunciation from my tongue. If his idea be this, he has been guilty of very superficial reading of my paper, and should not so easily have concluded that I was affected by idiocy. Look at my essay, which is now in print, and you will see, what you already appreciate must be the fact, that I stated merely that the lochial discharge was a material ready to take on those alterations which are effected by micro-organisms of bad character, which, changing its nature, render it poisonous to the abraded tissues. I believe that you will find that the pathology which I have offered to you is abreast

with the views of the advanced pathologists of Germany, France, and Great Britain. As to the pathology of my adversary, Dr. Johnson Thorburn, of Manchester, England, very justly expresses concerning it, I think, the accepted view of the profession when in a footnote to an article upon "Metria," which appears in the "British Medical Journal" for August 11, 1883, he says: "It would be inexcusable not to make some reference to the very able papers of Dr. Napier, in the 'Obstetrical Journal' for 1880, on puerperal fever. He, along with Fordyce Barker, defends the old position of a specific puerperal fever *sui generis*. The time limit imposed by our regulations allows no opportunity of consulting step by step such arguments as he adduces. I can only say that his invaluable collection of facts produce in me an opinion diametrically opposed to his own."

My critic upbraids me for lack of thoroughness and for that sketchiness of details with reference to my description of symptoms. I will merely say in answer to this that I intentionally assumed this style, as I was not preparing a lecture for a class of medical students, and that my paper was distinctly announced to be one upon "The Prevention and Treatment of Puerperal Septicæmia," *and upon nothing else.* I can not but thank him for his kindness in comparing my style in this sketchy description of symptoms to that of Byron and Humboldt (I believe these were the authors with whom he compared me), but, also! as I recall the passages to which he alluded, I am pained to confess that the similarity of style does not strike me so forcibly as it does my too partial friend.

Here let me draw the veil of pitying silence over the unfortunate allusion to the squib of Stepney and the relics of the Hotel de Clung! We stand to-night upon ground consecrated to science by the dignified fathers of the New York Academy of Medicine, who have now passed away! We stand face to face with the terrible mortality which marks puerperal fever among us at this very mement!

And now, gentlemen, a few words as to the "prevention and treatment of peurperal fever," which is the only legitimate subject before us for discussion this evening; the only theme which should not at the very commencement of these exercises have been rigidly ruled out as irrelevant by our president.

How difficult it is in a large body like this to keep a discussion properly directed to the points at issue! The crucial questions, Fellows of the Academy, which are before you to-night are these: 1. Are you to look upon puerperal septicæmia as a poison due to the development of microorganism, and are you by every means in your power to guard against the contact of these with the genitalia of the puerperal woman? 2. When the disorder is developed, is it best for you to keep your patient seminarcotized and quininized, while the distended abdomen is covered with stupes of turpentine or poultices, and await the result, as has formerly

been done; or are you to seek to counteract the septic process which has invaded the genital tract, by local application? These are the momentous questions; the other points are non-essential ones, and, although important in some respects, sink into insignificance when compared with them.

Take, for example, the first of my suggestions as to cleansing the lying-in room and applying antiseptic solutions to its walls and floors before labor sets in. This seems to appear to some like one of the labors of Hercules, and a very valued friend of mine, one of the most eminent obstetric professors of this city, seems so firmly to keep his eyes fixed upon it as to allow it to draw his gaze away from others which are tenfold its value. Now, gentlemen, what is really the difficulty in doing this thing? In the cottages connected with the Woman's Hospital, it is regularly done whenever a new patient comes in for laparatomy, which is on an average of once a week; and whenever I operate in private practice, be the operation as trivial as it may, I always insist upon its performance.

A scrubber, and there are many women in New York who make such work a business, takes up the carpet and sends it to the naptha cleaning works, and replaces it by rugs; she then scrubs the floor and furniture with a solution of carbolic acid or the bichloride of mercury. Then covering a broom with a towel, she stands upon a pair of steps, and dipping this in a bucket, she wipes off the walls and ceiling. The whole work of cleaning a chamber occupies a few hours. Dr. Lusk has said that he has never seen any good come from scrubbing furniture with an antiseptic solution—agreed; I have never seen it do any harm, and until I do so, I shall feel that it is safer to resort to it. But I assure you I am not particularly euthusiastic about this cleansing of the chamber, nor do I regard it as by any means essential. If any one prefers to have his patient confined in a dirty room rather than in a clean one, let him do so by all means; I do not gainsay it. If I need any defense for having pressed the claims of cleanliness in this regard, let it be found in the fact that he who offers rules for a system must aim high, not low; that aim as high as he may, many will fall below the standard, and that if a low level be assumed, none will go above it and take a higher.

My second suggestion for prevention has reference to a complete change of clothing, and the taking of an antiseptic bath by doctor and nurse before taking charge of a lying-in woman, if they have knowingly been exposed to the effluvia of septicæmia, erysipelas, scarlet fever, typhus or any similarly contagious affection. Will any one object to this as unnecessary or impracticable? I think not. Yesterday at 4 P.M., I saw in Stamford a very bad case of puerperal septicæmia; this afternoon, at 3, I performed Tait's operation in a very important case, which could not be delayed. I ventured to do this only under these circumstances; This morning I took a hot bath, strongly impregnated with salt, and

and after it shampooed my hair and beard thoroughly with a saturated solution of boric acid, scrubbed my hands thoroughly, by means of a nail brush, with a solution of the bichloride, 1 to 1,000, and changed every article of clothing which I had worn at the moment of exposure. The trouble was not great, nor was the process a disagreeable one. It may have done no good whatsoever, but I feel sure that it did no harm, and it certainly quieted my conscience, and gave me a feeling of comfort that I could have obtained in no other way.

My third suggestion was that during labor a warm antiseptic injection should be administered to the patient by the nurse about every four hours, and that a towel wrung out of this warm solution should be laid over the vulva. Who objects to this? "If any, speak, for him have I offended." It is very soothing to the patient, and it is difficult to see how she could be injured by it.

My fourth suggestion merely relates to cleanliness of hands on the part of doctor and nurse. The propriety of this I will not discuss.

No one will quarrel with my fifth and sixth, which merely require the physician to attend intelligently and faithfully to the performance of the third stage of labor, and the examination for and closure of wounds about the vagina and ostium vaginæ.

I now come to the seventh suggestion—the use of vaginal injections every eight hours, beginning eight hours after delivery. The arguments which have been brought up against this practice since I read my paper have had great weight with me; I confess that I feel less firm in my convictions upon this point than I did, and that in future I shall examine the question carefully before I determine to adhere to my plan. You may ask, Why this change of opinion? My answer is that I strive to mend the fault of yesterday with wisdom of to-day.

The rest of my rules will be so certainly agreed to in that I can not question the concurrence of all, even of the eminent gentleman our president, who regards my efforts as so hurtful to progress and so damaging to the health of the community to whose medical guides I have made appeal.

A few words now, before closing, upon some of the means which I have suggested as to treatment. With reference to my present views upon the use of cutaneous refrigeration for the controlling of high temperature, however produced and in the course of whatever disease occurring, I would, after a very extensive, experience say this; Were the laws of my country to prohibit a resort of this method, I would be unwilling to continue the practice of my profession, for I could not do so relinquishing what I sincerely believe to be one of the most valuable therapeutic resources at the disposal of the physician.

With regard to intra-uterine injections, I fear that I have expressed myself in such a way as to allow it to appear that I resort to them with very little provocation and upon all occasions when hyperpyrexia supervenes

after childbirth. No impression could be more erroneous, No one could have striven more than I have done to keep within proper bounds the indiscriminate use of this valuable but dangerous resource. Let me illustrate my feeling with reference to this subject in the following way: I believe that the operation of trachelorrhaphy, as introduced by my friend Dr. Emmet, is one of the greatest advances which a quarter of a century has seen in gynæcology. I believe that at the present moment it is doing a great deal of harm on account of its indiscriminate and too frequent performance, many seeming to believe that every woman who bears a child requires a resort to it. Does this militate against the great value of the procedure? Not at all. "*Uti sed non aduti*" might well have been written over its original description, as in olden times it was inscribed upon the case which held the lancet.

My friend Dr. Barker must here allow me to offer him a most full and sincere apology for not having accorded to him in my paper the credit which was his due in connection with the introduction of intra-uterine injections into obstetric practice. I know that he will freely forgive me when I state than the omission was due to ignorance on my part of the facts which he has stated to-night, and not to any intentional neglect.

Dr. Munde has expressed the opinion that I have not sufficiently guarded my readers against the dangers of intra-uterine injections. As I recall my statements I can not but feel that he is in error upon this point. I certainly strove to the utmost of my capacity to so depict these dangers as to put every man upon his guard concerning them.

I have been surprised to notice, among other criticisms of the preventive measures which I have suggested, a tendency on the part of some to ignore the necessity for them, especially in private practice. That this would in all probability be done I suggested in my paper, and I came here this evening prepared to use some statistics which would invalidate this position. I shall not use those that I brought, however, but employ some that have been offered by the speakers of this evening. Dr. Hanks declares that 250 women died from puerperal septicæmia in this city last year; that is 250 to 1,000,000 inhabitants. The United States probably contains, in round numbers, about 50,000,000 inhabitants, which would give us 10,000 deaths in one year, and in twenty years, which is about the average child-bearing time of women, 200,000 deaths. Surely this looks as if something should be done to lessen the mortality of this disease. Does the plan which I have suggested accomplish this result? Let Dr. Lusk answer. He has just told us that in Prague, before a similar plan was adopted — that is, before antiseptic midwifery was introduced—they lost five per cent. of hospital puerperæ by septicæmia; since then 1,100 women have been delivered without a single death. I hope I am correct in my quotation of Dr. Lusk, I think I am—no death against fifty-five in former times!

And now methinks I hear a whisper to this effect: "These are the statistics of hospitals; the disease must be rare in private practice, for does not Dr, A. tell us that out of 500 cases he has had no deaths; Dr. B. that out of 1,000 he has had none; Dr. C. that out of 1,500 he has met with only one." Patients are constantly dying from this cause in private practice, nevertheless. It is now just two months since I read my paper, and during that time I have been called to five cases of puerperal septicæmia, four of them at least, in the higher walks of life, and all four of the most desperate character. I prefer to state with whom these patients were seen, and I feel sure that my colleagues who called upon me will appreciate my motive and pardon me for doing so. The first case I saw with Dr. Gluck and Dr. Kucher; the second with Dr. Hutchinson, Dr. Crane, and Dr. Paine, of Brooklyn: the third with Dr. Lyons, in which suppurative synovitis and abscesses had followed a miscarriage; the fourth I was called to by Dr. Loewenthal, but could not attend, the fifth I saw yesterday in Stamford, with Dr. Janeway, of New York, and Dr. Phillips and Dr, Hurlbut of the former place.

I have ventured to give the names of the practitioners with whom I saw these cases to prove that they occur even under the most favorable circumstances as to social surroundings and medical care.

And now, gentlemen of the Academy, let me thank you for the kind and courteous attention which you have given me. It is that attention and that courtesy which emboldened me to detain you so long. I feel very sure that you will give full credence to two statements which I make in bidding you good night. First, That I have no wish to be dogmatic and uncompromising in reference to the rules which I have suggested for the prevention and treatment of puerperal septicæmia. Second, That if venom has seemed to flow from my tongue, it has not reached from my heart, which has been entirely free from it; and that if I have seemed to strike too trenchant blows at the honored head of our president, I have struck purely in self defense at one for whom I yield to no man in respect, admiration and affectionate regard.

Pen Yan boasts of an individual who has experienced a change of life from the embedding of a bullet in his brain Some two years ago, in a drunken brawl, he was shot over the left eye, the bullet penetrating the skull and lodging in the brain. He entirely recovered, and from being a dissolute, morose and quarrelsome person he has become a peaceful, sober and industrious citizen. It is not recommended to apply this remedy, as a rule, for the reformation of the wicked and useless. — *Detroit Lancet.*

Dr. J. A. Larrabee, Prof. Diseases of Children and Mat. Med. and Therapeutics, Hosp. College of Medicine, Louisville, Ky., says: "I have made quite extensive use of that valuable preparation, viz.: Iodia, during the past year, and have found its therapeutic value to be fully equal to the elegance of the preparation. In fact, Iodia has been almost a sterotype ingredient with me in mixtures designed to produce an alterative effect. In chronic diseases of the liver, tertiary syphilis, and rheumatism, it has given good results."

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated Meeting March 6th, 1884.

The President, R. A. Cleemann, M.D., in the Chair.

Dr. Wm. Goodell made the following

Correction of a Mistake.

At the last meeting I made a misstatement with regard to that distinguished ovariotomist, Mr. Tait, which I greatly regret, and which I wish here to correct. I was misled by some remarks made by Dr. Sutton at the last meeting of the American Gynecological Society. They were so reported as to convey the impression to my mind that Billroth was the only European operator who did not refuse any case of ovarian tumor, no matter how unpromising it was, and that Mr. Tait, to borrow Dr. Sutton's language, "does not remove many large tumors, those which weigh from sixty to sixty-five pounds, with extensive adhesions, etc." In quoting this, by a careless slip of the pen, I changed the word 'many' into 'very,' and in addition I wholly misapprehended the purport of the above sentence. Dr. Sutton has since explained, in the *Medical News*, of February 23d, that he did not mean that Mr. Tait selects his cases, for he was "not aware that this British ovariotomist refuses to remove a tumor because it is large," but that "Mr. Tait has the largest line of ovary and tube cases, and the shortest line of big ovarian cysts of any man I (Dr. Sutton) visited in Europe." In making this correction I wish to repair the injustice which I unwittingly did Mr. Tait before this Society.

Dr. Goodell then exhibited an

Extra-Ovarian Cyst,

With the following history: The lady, aged 28, and the mother of four children, had a miscarriage early in last October. At that time her family physician discovered the tumor. It slowly grew, but gave the lady so much inconvenience from pain and pressure that she was brought to his office in the following December. It was not very large, but was very sensitive, and was diagnosticated to be an ovarian tumor. Both ovaries were removed early last February, and the lady recovered promptly. The peculiarities of the cyst were to him unique. The ovary lay to one side of a thick-walled cyst, and at such a distance from it that the cyst could have been removed without injury to the ovary. The latter was, however, extirpated along with the cyst, because it was diseased. Hitherto all parovarian cysts which he had encountered were thin-walled, and contained a clear fluid, but this one had thick walls, and contained a turbid brown fluid. It started from the left broad ligament and was adherent to the bladder, omentum and abdominal wall. Another point of interest was that the right ovary had doubled its size from the follicular degeneration, and yet pregnancy had taken place.

Dr. Robt. P. Harris suggested the possible existence of a third ovary

as the starting point of the tumor. He also thought that the presence of a third ovary might explain the persistence of the menstrual flow in some cases, after the operation of double ovariotomy.

Dr. Goodell also exhibited a

Coccyx Removed for Coccygodinia.

The patient had met with a fall down stairs some years previously, and the injury was followed by a vaginal abscess of some kind. She had all the classical symptoms of a very bad coccygodinia, and had fallen into a nervous condition which bordered on insanity. Dr. G—— had intended merely to sever the nervous attachment of the coccyx by a sweep of a tenotomy knife, but after the patient had been put under ether, the tip of the bone was found unnaturally movable, and giving distinct crepition. The loose bone was therefore removed, and as the articulating surfaces were found rough and denuded, the whole coccyx was removed by bone forceps. Great relief followed this operation.

Although he had seen many cases of coccygodinia, this was the first case on which he had operated. In a very few traumatic cases he had wished to operate, but was not permitted to do so. The vast majority of these cases are, in his experience, those of nervous or neuralgiac coccyx, and they get well in his hands under rest, massage, electricity, and appropriate constitutional treatment. The great difficulty in cases of severity is to decide between the nervous mimicry of the disease and pure traumatic coccygodinia in which positive lesions have been sustained, and their effects have not yet passed away—as, for instance, in a sprained or fractured coccyx, or in a rheumatic, a gouty or an inflamed coccyx. There is yet another difficulty in the way of diagnosis, for sometimes an injury received in an hysterical woman, is followed by local nervous phenomena, which will last long after the original lesion has been cured. For instance, on one occasion he had been so greatly deceived in the diagnosis between traumatic and nervous coccygodinia as to make him very cautious in reverting to the use of the knife. A highly intellectual lady, who spent her leisure in reading metaphysical works, received an injury to her coccyx by the sudden "bucking" of the horse on which she was mounted. She was at that time suffering from nervous prostration, and the blow started up very exacting cocygeal symptoms. Dr. Goodell found retroversion and a prolapse of both ovaries. These dislocations were remedied, and the patient put on a rigorous constitutional treatment, but she grew no better, and an operation was proposed and agreed to. As soon as the day and the hour were decided upon, she lost all pain in her coccyx, and has not since had a return of it. This happened about six years ago. On another occasion he saw a very obstinate and severe case of coccygodinia, which he had been treating unsuccessfully for a long time, and which had a traumatic history, quickly disappear under an exciting family jar. In view of this experience, he

believed it always safer at first to consider coccygodynia as a local expression of a general neurosis, and to treat it accordingly.

Dr. J. H. Packard asked why Dr. Goodell preferred the bone nippers to disarticulation in the first case.

Dr. A. H. Smith asked whether Dr. Goodell had removed the entire coccyx.

Dr. Goodell was not sure, but thought so. There had been an abscess in connection with the injury, and the bone was dead, and somewhat necrosed. He had cut off one piece with the nippers, and then disarticulated the remainder.

Dr. Smith, continuing, said there had been suppurative action, probably following anchylosis. Such a condition might result from injuries received in labor, or from falling astride a chair-back or a rail. Most cases were reflex hysterical or uterine pains, as will be proved by the freedom from tenderness when the finger is pressed on the coccyx when making a vaginal examination. He has never removed one, because he has seen such poor relief from the operation in any cases that have come under his observation. Why should relief come unless all the nerves and other painful tissues be also removed? He would be glad to hear the result of the operation in the case reported by Dr. Goodell this evening.

Dr. Packard demonstrated to the Society a new method of applying

AXIS TRACTION

to any ordinary obstetric forceps. The device consisted of two steel hooks arranged to catch in the fenestræ of the blades of the forceps, and terminating in rings, through which a wooden handle is to be passed. The handles of the forceps are to be lashed together.

Dr. Smith remarked that Dr. Tarnier's first suggestion was to pass a cord through holes drilled through a widened portion of the blades at the point at which handles are now attached. The hooks exhibited by Dr. Packard did not draw from the right point, and he thought there would be difficulty in adapting them when the head was high up.

Dr. Goodell thinks that Tarnier was anticipated in the cord attachment by another French physician.

Dr. B. F. Baer read a paper on

THE SIGNIFICANCE OF METRORRHAGIA ABOUT AND AFTER THE MENOPAUSE.[1]

Metrorrhagia recurring about the menopause is as likely to be the result of disease of the uterus or its appendages as it is at any period previous to that time. The popular belief that floodings at the change of life are physiological often results in harm. That the blood-loss is depuratory or critical and that it protects the vital organs from injurious congestion is erroneous. Where health exists the cessation of menstrua-

1 See *American Journal of Obstetrics*,

tion will be attended with no more aberrations of function than are seen in its establishment. An analysis of twenty-two hundred cases, treated in hospital and private practice, shows that nearly the same number of women sought advice during the establishment and the decline of menstruation, and it further shows that the numbers rapidly increase as the period of greatest fecundity is reached, and declines after it is past.

Epithelioma of the cervix may result from injury of that organ, but also requires some peculiarity in the structure of the tissues which renders them susceptible to an induced dyscrasia. When a woman, in the midst of the fertile period, suddenly ceases to bear children, there is often some local cause for it. There is some causative relation between acquired sterility and cancer. It is safer to believe the disease of local origin, for we will then endeavor to discover and remove all sources of irritation and possibly prevent its development. Detailed histories of a number of cases are given to illustrate the truth of the positions assumed. Where the menopause is retarded beyond the usual period, the cause can often be found in some diseased condition connected with the sexual system, and, as a rule, it is an old standing trouble. When metrorrhagia recurs after the menopause has been fully established, it is almost invariably the result of a pathological change in the tissues of the uterus.

Dr. Goodell agrees almost wholly with what Dr. Baer has said, he thinks the dangers of the menopause much overrated. Cancer and fibroids of the uterus occur more frequently at that age than any other and have caused the popular dread. Although hemorrhage is always pathological, its cause can not always be discovered and in this dodging period serious hemorrhage may occur and no dangerous condition exist. He would like to believe that cancerous growths had a benign incipiency, but can not go so far. The microscopists make many mistakes in ascribing malignancy to growths removed from the uterus. Dr. Goodell then gave a number of cases, in which experienced microscopists had given prognoses of early fatal termination, based upon the cell formation of growths removed from the uterus, but these cases had recovered and now showed no evidence of any diseased condition. With regard to the small proportion of cancerous growths following laceration of the cervix uteri, the Doctor called attention to the large number of Irishmen using clay pipes, and the small number of lip-cancers, and yet it is universally acknowledged that the use of a clay pipe is the principal cause of such growths.

Blood-letting is practiced very freely in Turkey and the East, and women, as a consequence, get very stout; such are more liable to profuse hemorrhage at the dodging period.

Dr. Wm. T. Taylor reported a case of

MALARIAL POISONING IN A NEW-BORN BABE.

We have frequently observed fevers of a malarial type in very young

children, in some, even during the first year, which were ushered in by a convulsion or other prodrome, without a rigor, as occurs in older persons, and their character is only recognized by a repetition of the attack in a day or two. But the youngest subject of this disease which I have met with is the following case:

Mrs. A. R., during her second pregnancy, was affected with malarial fever, and, although she was then residing at the seashore, was obliged to take occasional doses of quinine to control it. She returned to her city residence at the end of the season but continued using quinine from time to time, until the end of her utero-gestation, which was completed in November last, when her babe was born. Her labor was natural and easy and she had no unfavorable symptoms. The child appeared healthy, was of good color, but was smaller and feebler than her first-born at its birth. As she had a good supply of milk, it soon drew the breast quite vigorously.

About one week after its birth the nurse called my attention to "weak spells" which it had occasionally, accompanied by coldness of the skin, a feeble circulation and prostration, which continued for fifteen or twenty minutes and were followed by a clammy perspiration. By the application of heat to the body and giving it a little brandy and water or other stimulant, it would revive.

I observed that these "spells" had a periodicity occurring every two or three days, and considering them malarial I gave the mother quinine and valerianate of iron, which, acting therapeutically through the milk, soon caused the "spells" to cease, and the babe became well and fat. I also gave it small doses of the elixer of cinchona for several weeks.

This child must have contracted this disease while in utero through the placental circulation, for, being born in a perfectly healthy locality, it was not exposed to any external malarial influence.

When labor began the quinine was stopped, and was not resumed until the condition of the child required it, when it soon showed its anti-periodic action by completely arresting these "weak spells," for now the child is perfectly well.

Dr. R. P. Harris related a case of a parallel character, which had occurred some years ago in a malarious neighborhood. The mother was under treatment before labor. The child had chills and fever when quite young, and was treated through the mother.

W. H. H. GITHENS, *Secretary.*

THEY kiss and stand on the doorsteps twenty minutes in the rain. "Sarah, it's so good to see you; how have you been?" "Oh, ever so nice; have gained twelve pounds in seven weeks." "And how is your husband?" "Oh, he's all right; out every day; the very picture of malaria.

Correspondence.

A CASE FROM PRACTICE.

To the Editor of the Obstetric Gazette.

In the OBSTETRIC GAZETTE for January, 1884, I notice a case of "*compound fracture of the thigh in a newly-born infant, caused by the use of the blunt hook.—Recovery*—By A. A. Johnston, M. K. R. C. P. L. *et* L. R. C. S. Ed.; Surgeon of Parke's District Hospital, New South Wales."

This reminds me of a case which occurred in my practice several years ago, which I have ever intended to report, but have not done so until now. On the night of the 18th of September, 1880, I received a telephone message to call at No. — Pearl street, to attend Mrs. J——, in her first confinement. Upon making an examination soon after my arrival, I discovered that the presentation was a breech. The progress of the labor was very slow and tedious, the pains failing to cause any perceptible advancement, although the os soon became fully dilated and the membranes ruptured. The child's pelvis seemed to have become wedged or impacted in its wonted progress, and having noted that, for several hours, no change in the condition had occurred, and that the pains were becoming less and less efficient, I proceeded to interfere with or to aid nature. The reader may take any horn of the dilemma he chooses. After considerable difficulty I succeeded in introducing a finger into one groin; made a little traction with a slight result; then, after more difficulty, managed to get another finger into the other groin, with about the same result. I now waited, probably an hour and a half, hoping that nature would accomplish the delivery. Her pains now seemed stronger, more natural and regular, but accomplished little less than squeezing out onto my hand a liberal amount of meconium and no small share of what was, evidently, not meconium, being a little more mature.

In again attempting to assist nature, I succeeded in locking a finger in each groin, and, after making for a very short time, what I regarded general traction, I felt, very distinctly, something give way. I immediately desisted, and, if the reader has ever been placed in a like predicament, he can imagine my state of mind. I concluded I wouldn't touch her again if they both died; but this decision was only passive or evanescent, a mere substitute for a subsequent, more wise and prudent one. After waiting, I don't know how long, I began to cherish the idea that, from pressure upon the cord and other considerations indulged, the child was dead; whereupon I again proceeded to interfere.

I had no more than commenced to make traction again, than I felt too distinctly, another something give way: not a very composing reflection. I persisted, however, in my traction, and in a short time succeeded in

bringing down the feet, when I felt the cord and no pulsation therein. Believing the child was dead, I delivered accordingly; its general appearance confirmed or rather strengthened my belief; after severing the cord I laid the child aside and proceeded to practice Crede's method of expelling the placenta; while thus engaged, heard the child gasp; placed my hand over its heart, and felt a mighty lively organ; child now began crying naturally; wrapped her up—it was a girl—and handed her to the nurse, who took her to an adjoining room to wash and dress. Pretty soon, in due time, I was waiting for it, wasn't surprised a bit, the nurse called me to come to her; I come; "what's the matter, doctor, with this child's legs? They seem to be all joints." It was too true! I had made two extra joints by breaking both femurs exactly in the same place, about the middle of the middle third. Well, to make a long story short, I lost no time in getting those fractures dressed, and in endeavoring to persuade the friends that the accident was by no means uncommon in the delivery of children; to assist me in this endeavor, I showed them Cazeau, in whose work on obstetrics is cited the cases of Chausier; one of which had forty three fractures, and the other one hundred and thirteen (pp. 557). The physician who assisted me to dress the fractures, also spoke of several cases that he *knew of, but which occurred, of course, in the practice of some other physicians.*

The child done splendidly and the friends seemed perfectly satisfied with the result made. In the due course of time, however, the mother was confined a second time; yes, a second time; was *I* called to attend her a second time? No, I wasn't called; at least I never got the message, if I was; my telephone may have been a little out of order at the time; at any rate, *I* wasn't there when she was confined; my friend Dr. B. S. Woodworth attended her *this* time; probably she thought a change would be healthier for her and the babe; more especially, the babe; maybe she was afraid I would break the next babe's neck, or *all* the bones I could conveniently handle. No, I did *not* attend her second confinement. I have made but one call to their house since her first delivery, and that was when the mother thought that her oldest child, then three and a half years old, had poisoned herself by swallowing a lot of homœpathic, belladonna pills; I laughed at her, observing that if *I* couldn't kill her by breaking her all up in pieces, there was hardly any use in becoming alarmed at little pills. "All is well that ends well," it is said, and this is certainly the case with this case. The little girl is healthy, running around lively, with no deformity; in fact no person could ever detect that, at birth, both of her femurs had been broken.

Respectfully,

H. v. SWERINGEN, M.D., Ft. Wayne, Ind.

REPUTABLE physicians speak in the highest commendation of Tongaline, or Liquor Tongæ, the new remedy for Neuralgia or Rheumatism. Great success and excellent results have been obtained by its use. Various journals have recently published the reports from physicians who have tried it.

OVARIOTOMY HOSPITAL.

Editor Obstetric Gazette:

I thank you for the notice of my private hospital in your valuable journal. Allow me to say that my best expectations from it are being rapidly realized. It is, so far as I know, the only private hospital in the United States, organized and managed with special reference to abdominal surgery. Every detail connected with the institution is carried out with reference to the most scrupulous cleanliness and the correctness of the antiseptic principles, omitting from the work only the wholesale use of carbolic acid.

Every patient has her own room. The operating room is as perfect and simple as science can make it, and is used for no other purpose. The first abdomen was opened in the house on October 27th, and up to this time five have been opened and all are living and cured. Of these cases three were ovarian cysts and two were hysterectomies. In the last two the ovaries, tubes and uterus were removed at the vaginal junction. In the last of these two the uterus and fibroids amounted to five pounds in weight. In both cases the pedicle (neck of the uterus) was left inside of the abdomen. In not a single one of these cases has a drop of pus been seen, nor has the temperature in any but one exceded 101° and in that it was once 101⅕°.

In the future I will give your readers a detailed description of the measures of cleanliness to which the patient, nurses and doctors are subjected, and to the rigid precautions taken with instruments and sponges. I firmly believe that when these cases are done in well regulated private hospitals by *an operator who has nothing to do with zymotic diseases or pathological work* that we will show just as good statistics as Keith or Lawson Tait have shown. But so long as the abdomen is opened in *private houses and general hospitals, and by one and twos, by general practitioners and surgeons treating suppurating and foul wounds* the statistics will continue to be bad. Very respectfully, R. S. SUTTON, M.D.

IT BROKE.

Editor of the Obstetric Gazette:

A few evenings ago, just as I had retired for the night, Mr. —— rang the bell and said he wanted to speak to me for a minute. On opening the door and inviting him in, he looked around and, seeing no one present, he said "they had a little trouble on hands his house."

He had been married about a year, and during that time, they had been "fighting the tiger," but this time his wife in using a glass syringe, "it broke in the vagina."

I immediately drove rapidly to the place and found the wife in bed.

She said this was the second time such an accident had happened, but

this time it was so far up that she could not reach it, and so sharp that it was cutting her.

I had a cylindrical speculum with me and a polypus forceps. I first introduced the index finger of my right hand and sure enought there was a sharp substance.

The husband showed me the remaining part of the syringe, and I concluded that about one third of it was in the vagina.

So I cautiously introduced the speculum, and with the aid of the husband holding the lamp, I could see the piece of glass, lying nearly crosswise of the vagina. With the forceps I seized the edge of it and slowly drew it through the speculum. It was about one inch long and about one half the cylinder of the syringe. The remaining part was more difficult to remove. Introducing the speculum still farther, I could see a spicula of glass nearly against the os uteri, with the remaining part in the cul de sac behind the os. After some manipulation, I succeeded in getting one blade of the forceps over the spicula, and by gentle pressure, for fear off breaking of the sharp point, I succeeded in grasping it about an inch further down and by very gentle traction succeeded in bringing it in the speculum. By slowly drawing on the forceps and at the same time withdrawing the speculum I removed the whole without breaking it. The blood flowed freely for a minute but soon ceased.

In putting the removed pieces to the broken syringe, I learned that the whole was removed.

They expressed themselves greatly relived from the anxiety and trouble in to which they had got, and she saying that would be the *last* GLASS syringe she would use, I left them in their glory. V.

OBSTETRIC PRACTICE.—CONCERNING ERGOT PRINCIPALLY.

To the Editors of the Obstetric Gazette:

I was much interested in reading a discussion in the January number of the OBSTETRIC GAZETTE by the members of the St. Louis Obstetric and Gynecological Society, following the reading of a paper by Dr. Engelman on "External Manipulations in Obstetric Practice." As one member remarked, I can truly say that for more than forty years I have practiced, to some extent, massage, expression, shampooing and various external manipulations in divers labors, though doubtless Crede made the practice more universal than before his time. Probably many physicians recollect the great excitement produced by a physician somewhere in the Western States, a few years ago, introducing the practice of rectifying cross-births by external manipulations. I can not now recollect the name of this physician nor the place of his residence, but I know that he was very severely criticised and condemned by many, while he was upheld by

a few. I doubt not that in a few favorable cases, especially in very lean subjects, where the diagnosis can be correctly ascertained, malpositions may be changed before the commencement of labor, but I fear there will never be many cases where it will be practicable, for obvious reasons. But there can be no doubt that a steady pressure by the hands over the abdomen during a pain is of great benefit, and for many years I have practiced expression for the delivery of the secundines, long before I had heard of Crede's method.

But I set out to say a few words about two oxitocics, especially of ergot. I believe that it would have been better for the human family if the specific effects of ergot had never been discovered, or that Dr. Stearns had never been born, for I think the evils it has caused, the deaths it has produced, can not be compensated for by all the good it ever has or ever will produce. Ergot is one of the comparatively few drugs whose specific effects can almost certainly and invariably be relied upon—that is, uterine contraction—provided the drug be genuine. I do not mean that uterine contraction is the only effect, but this is what we wish in obstetrics. Ergot not only produces uterine contraction, but the contraction is *continuous*, and I fear that physicians too often lose sight of this effect of the drug, forgetting that the pains never *let up* till the patient is too often exhausted, the child killed or the uterus ruptured. The only two cases of rupture I ever had I never doubted were produced by ergot. The children killed by it are innumerable.

Another unpleasant, not to say dangerous, effect is an *irregular* contraction of the uterus, called hour-glass. If there be any other cause for that disagreeable effect, I don't know it, for all the cases I have seen followed the exhibition of ergot, and I have always believed that it was the most common, if not the only cause of this untoward result. In this particular case I think there is no fallacy in saying "*Post hoc ergo propter hoc.*" But, as I said in the beginning it had been better for mankind if ergot had never been discovered, or, as Dr. Holmes said of drugs generally, "that they should be thrown into the Atlantic Ocean, but that would be bad for the fishes," but now that it is here, and not only here, but a very good medicine if properly used and not abused, we must make the best of it.

By observing a few simple rules, we are in no danger of doing harm. One is to never give it till the child is born, unless you have reason to think that there is great danger of post partum hemorrhage. I had a case a few years ago that illustrated the necessity of thus prescribing it. The wife of a physician living here had had dangerous post partum hemorrhage in three former labors, so dangerous as to be very near death. In the fourth case I gave her two full doses of ergot about an hour before the end of the labor and, for the first time she had no trouble from this source. Another rule is never to give it in a primipara, for obvious

reasons. I can not conceive of a primaparous case where ergot would be proper during labor, whatever else may be necessary, for we know that the forceps are often necessary to save the life of the child, at least, if not of the mother. Another rule is not to give it when the pains are very forcible, whether there be any progress in the labor or not. But there is an oxytocic which may be given with safety, at least, if not benefit, in nearly all cases, and especially in inertia, and that is that "grand catholicere," or panacea, Quinine, not, as I think, in very large doses, certainly not to exceed 10 gr., probably 5 gr. is enough. I now give it in nearly all cases of tedious labors, and I believe it to be beneficial. It has long been thought that quinine would excite uterine action, so much so as to render it dangerous in pregnancy, though I have never hesitated to give it, in intermittent or malarial fever, to pregnant women, thinking that there is more danger in letting a fever continue than in stopping it with quinine.

I have been told by many women that quinine produces uterine hemorrhage, and I have no reason to doubt it, and I have often observed epistaxis and hematemesis after full doses of quinine. I explain this phenemenon by considering quinine as an anti-congestive, the hemorrhage being a relief of the congestion.

After all that can be said of Oxytocics, I think that physicians coincide very nearly as to ergot, and that there is little danger of their giving or using it improperly, but the danger lies in letting the charlatans and midwives use it, and this, I fear, can not be prevented.

Respectfully,

B. F. Woodworth, M.D., *Ft. Wayne, Ind.*

Abstracts and Selections.

I.—OBSTETRIC.

The Injection of Hot Water in Post Partum Hemorrhage. — As every case bearing upon the treatment of *post partum* hemorrhage is of consequence, I venture to record the following. On January 1st (this year), I was summoned to a young lady, a primipara, who had been six hours in labor; everything seemed to have gone on satisfactorily, the head (first position) being, at my arrival, almost on the perinæum; the latter, however, was somewhat rigid. After upward of two hours had elapsed, during which time I dilatated the perinæum, as little or no progress had been made, and the pains were gradually diminishing in frequency and force, I administered chloroform (a little had been previously given), and applied the forceps; before extracting, however, I gave a subcutaneous injection of ergotine to guard against the occurrence of *post partum* hem-

orrhage. The extraction occupied about ten minutes, and was followed by the customary amount of discharge; the nurse, by my direction, carefully following up the child during the birth, and afterwards maintaining firm pressure on the abdomen. As the child did not breathe, I was some four or five minutes in exciting respiration; just as this had been satisfactorily accomplished, I was alarmed by the sound of a tremendous gush of fluid in the bed. Hurrying to the patient, I took the nurse's place, and made firm pressure on the uterus, which was quite relaxed, and at once removed the placenta; this was followed by another torrent of blood. I immediately introduced my hand into the uterus and cleared it of clots, making counter pressure outside, and although there was a feeble attempt at contraction, the hemorrhage continued. Fortunately, I had my Higginson's syringe at hand, and a long uterine tube ready attached; there was also a can of very hot water in the room, so, without a moment's loss of time I inserted the tube, and injected some of the water (the hand could just be borne in it), with the effect of producing almost immediate contraction and cessation of hemorrhage. At the same time I administered some beef tea, as hot as the patient could drink it, along with brandy and champagne. Although there was no further hemorrhage, I gave a second injection of ergotin, and also kept up firm pressure on the abdomen, with the occasional application of an iced cloth. Under the influence of nourishment and stimulants, the patient's pulse, which had been exceedingly feeble and rapid; improved notably, and two hours later I could leave her without anxiety. She has since progressed favorably. The hot injection is evidently a potent means of arresting *post partum* hemorrhage, and is, I imagine, superior to cold applications; the latter, if continuously applied, have certainly a depressing effect, and may produce the very condition one wishes to avoid.

I have almost invariably noticed that the cases of hemorrhage which have produced anxiety have been those in which I have had difficulty in bringing about respiration in the child, and consequently have been compelled to give up the control of the uterus to the nurse. Very few nurses have an intelligent appreciation of how to accomplish this effectually; they usually allow the uterus to ride up under the hand, and then pressure does more harm than good. I would modestly submit the following points, which, if followed, will reduce to a minimum cases of this kind; first, the administration of plenty of nourishment during labor; secondly, in a suspicious case, a dose of reliable ergot just before the child is born, or the hypodermic injection of ergotine, especially applicable if the patient be under chloroform; even in a primiparous case this is admissible, if the forceps be applied; third, take care not to push the chloroform too far, remembering the tendency to profound unconsciousness and relaxation after the child is born; fourth, when the head is born, naturally or instrumentally, leave the rest of the body to be expelled naturally, mak-

ing firm pressure upon the abdomen, and carefully following up the breech; never remove the hand from the abdomen, but leave the tying of the cord to the nurse; fifthly, do not hurry to extract the placenta, but allow the patient to rally, and rather squeeze it out by pressure with the left hand than pull too much on the cord; lastly, give a dose of ergot when the placenta has come away, and in every case where there is doubtful contraction, keep up the pressure for a considerable period, giving the patient meantime some nourishment and stimulant, if necessary. I believe if these simple rules be followed, hemorrhage will be a rare event.—W. L. PAGET, M.D., M.R.C.P., in *British Medical Journal.*

Fever and Abortion.—A case lately described before the Paris Academy of Medicine, in which diphtheria was complicated by abortion, has given rise to some discussion. One or two similar cases are on record. The question arises, Does diphtheria act as a stimulant of uterine action, or are we to regard the miscarriage which now and then accompanies it as a mere result of fortuitous circumstances? The accidental theory is one which can not be altogether negatived, so many slight mischances may precipitate parturition. On the other hand, one or two examples do not suffice to found a doctrine of the abortifacient action of diphtheria. Nevertheless, a good deal of indirect evidence gathered from the behavior of other infectious diseases seems to imply that the latter view may occasionally hold good. Thus, if typhoid or typhus fever come on during pregnancy, labor is not unfrequently premature. It is much more commonly so in small-pox, while in relapsing fever premature birth is the rule. What is there in these diseases which requires that, while often insufficient to destroy the mother, they should take fatal effect upon the fœtus, and while permitting the regular though impaired action of other organs, should totally arrest the existing function of the uterus? The question is a difficult one to answer perfectly, but it will help us to do so if we consider the double state here present. A normal condition, which necessitates localized over-nutrition, is encroached upon by one of disease implying more or less inflammatory action with fever, and associated with the presence at some point, or even throughout the body, of the elements of contagion. This being so, it is not remarkable that, while all parts of the body more or less feel the effect of the stimulated circulation, that part chiefly does so at which there already exists a physiological hyperæmia. The selective property of congestion is well seen in the phenomena of congenital syphilis, which, particularly in infancy, affects in a marked degree the seats of active growth, as joints, and the cranial centers of ossification. Alcoholism shows a similar tendency, and is especially in point. The frequency and the regularity with which indulgence in drink is followed by abortion is such as to strongly suggest a direct relationship of cause and effect. Uterine complications in fever may,

therefore, be explained on the hypothesis of local inflammation. General congestion acquires a greater local intensity on the principle of simple addition. On the other hand, the germ-element can not be excluded. With our present knowledge, it is only reasonable to admit that circulating disease-germs can become arrested and develop in the over-nourished decidua, and so constitute a source of uterine irritation. In this connection, we remark that in small-pox and relapsing fever—diseases in which the blood is impregnated with organisms from an early period—abortion, as said, is much more common than in typhoid fever, where the specific contagium remains for a long time confined to the alimentary tract. A third suggestion, applicable to the case of diphtheria, is that the excess of carbonic acid in the blood in that disease, the result of difficult respiration, leads to convulsive expulsion of the uterine contents. No doubt excess of carbonic acid will induce convulsion, and the latter, perhaps, abortion; but the frequency with which women in fever miscarry when blood-aeration is not materially interfered with, the uncertainty as to what really is the etiology of convulsion, and the comparative rarity of abortion in diphtheria itself, lead us to doubt whether asphyxia furnishes the true explanation. The evidence we have adduced rather goes to support a theory of direct uterine irritation, arising in some cases out of simple inflammation; in others, out of inflammation due to local concentration of infective germs. In any case the subject touches one of wider than uterine significance, and will reward careful investigation.—*British Medical Journal.*

Ovariotomy Successes.—Letter from London by W. P. Manton, M.D., in Boston *Medical and Surgical Journal*, February 7, 1884.

At his last ovariotomy Mr. Knowsley Thornton remarked that if the case then on the table recovered—and he saw no reason why she should not—it would complete a line of seventy cases which he had done at the Samaritan Hospital within the two years ending February 23, 1884, *without a death.*

As I happen to know personally, these cases have not been "picked," but represents all grades and conditions of ovarian tumors.

If we go back some forty-five or fifty years to the time when Bright was engaged in writing his famous papers on abdominal tumors, and compare that period with the present, we are forced to exclaim that the stride made by abdominal surgery is little less than miraculous. Then it was the practice to puncture the abdomen and draw off the contents of the tumor as often as it refilled and became troublesome, or until the unfortunate patient died of exhaustion or peritonitis or from septic poisoning produced by suppuration of the growth. Then opening the abdomen was an experiment little resorted to, and when attempted generally resulted in such disaster that even progressive men like Bright were inclined to look upon it with suspicion and disfavor. On this point he says: "I

believe as far as a *cure* is concerned, the malignant ovarian dropsy admits of none unless we may consider the excision of the tumor in that light, and *this must ever be so doubtful an operation, surrounded by so much darkness and attended with so much danger, that I can only look upon its happy event as the fortunate result of a bold and hazardous enterprise, which should not tempt us to adopt it as a rule of practice.*"

What would Bright have said could he have penetrated the future and foreseen Keith's seventy-six consecutive "excisions of the tumor," without a death, and now Mr. Thornton's brilliant results?

Until Professor Bigelow demonstrated to the contrary, surgeons were always talking of the intolerance of the bladder and urethra, making this a *bête noir*. The peritoneum has also been considered in a similar light, and only within the past few years have surgeons begun to learn that it is not so very intolerant after all, and admits of some pretty rough handling without any particular danger to the patient.

Armed with this knowledge and Listerism the specialist now seems ready to attack any of the abdominal morbid growths, and with a tolerable certainty of success. I say *specialist*, for I do not believe that the general surgeon, however skillful and learned he may be, can compete with one who devotes a large part of his time to abdominal surgery alone, and the many opportunities which I have had of witnessing operations by both verify the statement.

On the 18th inst. Mr Thornton removed by laparotomy a large fibro-cyst of the uterus, amputating the latter near the cervix. The spermatic arteries having been tied, Koeberle's *serree-noued* was used to constrict the cervix. The "stump" was treated by the extra-peritoneal method. It is now the fifth day since the operation, and the patient is doing well.

On the 8th Mr. Meredith operated on a hydatid cyst of the liver. This case is of especial interest, as the patient came under Mr. Meredith's care about a year ago and underwent a similar operation; the one case I know of where the same abdomen has been twice opened for the removal of hydatids. The patient is now convalescent.

Both Thornton and Meredith continue to use the spray, and operate in a thoroughly antiseptic manner; and I fancy that their excellent results are partially due to this fact.

At the last meeting of the Obstetrical Society of London, a very interesting paper On observations of Puerperal Temperature, by Dr. E. S. Tait, was read. The article dealt almost exclusively with the relation of nervous impressions or disturbances to post-partum rise of temperature.

The observations were made in one of the London lying-in-hospitals, and are a valuable contribution to the literature of the subject. The paper provoked an animated discussion, in which the President, Drs. Mathews Duncan, Playfair, Graily Hewit, Williams, Champneys, and others joined.

Dr. John William's paper on Corroding Ulcer of the Os Uteri, was deferred until the next meeting. The specimen, however, was exhibited, and by courtesy of Dr. Wiiliams I saw the drawings which will be used for illustrations. It is to be hoped that this paper, emanating from so high an authority, will throw some light on the ætiology of this very obscure disease, which Emmet says "is almost as rarely met with as is true sarcoma."

The new antipyretic *kairin*, discovered last year by Fischer, of Munich, does not appear to be gaining favor, although I heard Heywood Smith say last week that he had used it with success in a case of high temperature after the removal of an ovarian cyst. Quinia had failed to bring down the temperature after repeated and large doses; but a few doses of karin had the desired effect.

Since my last letter I have seen Sir Joseph Lister operate by his wiring method both on a fractured patella and on the olecranon. The case did well. This method of wiring the fragments of bone together is, I believe, steadily gaining ground, although it is still stoutly opposed by the older surgeons.

Editor's Table.

A CARD.—Distance from the city disables me from that constant supervision of editorial work that is important for a journal of the character of the OBSTETRIC GAZETTE. In addition to this, increasing cases and private professional duties engross my time more and more: these and other imperative hindrances, reluctantly compel me to withdraw from the responsible editorial head of the GAZETTE. This step I am gratified to know, however, will make no change in the management of the journal. Many thanks are due my personal friends for the kind coöperation which has been accorded, and the many generous words of good will. We doubt not these will be continued, and to these and all concerned, I may say in conclusion that I shall still continue to work upon the matter of the GAZETTE in the future as in the past, so far as my private duties and engagements will permit. EDWARD B. STEVENS.

Very many readers of the OBSTETRIC GAZETTE will read the above card with feelings of sincere regret, as in it they note the retirement of Dr. E. B. Stevens the founder and most of the time since its first issue sole editor and publisher of this journal. Among the fraternity of medical editors in the United States Dr. Stevens is a veteran, having been actively engaged in editorial work on the *Medical Observer*, *Lancet and Observer* and OBSTETRIC GAZETTE for twenty-two years, well deserving the title of DEAN of the Corps of Medical Editors.

To the writer the severance of active and close business connection with Dr. Stevens is profoundly regretted. Our friendship has been that of a lifetime. With intimate business relations for more than a decade, our intercourse has, at all times, been harmonious and without a single disagreement to mar our business or fraternal relations.

Of the editorial ability of Dr. Stevens we need not speak to the readers of this journal, it is well and favorably known from the Atlantic to the Pacific.

The business management of the OBSTETRIC GAZETTE has been in the hands of the writer for several months, and, by the retirement of Dr. Stevens, becomes its editorial manager, to whom all communications on any business pertaining to the journal should be addressed.

J. C. CULBERTSON.

VICK'S FLORAL GUIDE for 1884 is a very handsome book, and both interesting and profitable to such as have a practical interest in the growth of flowers or vegetables. It contains one hundred and fifty pages —has three colored plates of flowers, etc., and more than one thousand illustrations. Jas. Vick, of Rochester, N. Y., will be glad to send this to those desiring it.

So says the *Detroit Lancet*, and all this and more may be said of Vick's *Illustrated Monthly Magazine*, as a most charming visitor to the florist — amateur or otherwise.

DR. EDWARD BORCK, Professor of Surgery in the College for Medical Practitioners, St. Louis, Mo., has resigned his chair. On the 6th day of February, 1884, Dr. Borck completed his fiftieth case of ovariotomy, with five deaths.

Bibliography.

Transactions of the American Gynecological Society. Volume VII, for the Year 1882, and Volume VIII, for the Year 1883. New York: D. Appleton & Co. 1883-4.

By some delay both of these volumes of Transactions came to this office at about the same time. In the course of our matter for the OBSTETRIC GAZETTE the essential part of the proceedings of both years, together with a synopsis of the papers contributed, were given about the time of the meetings of the Society in each year respectively. In the volumes before us we have in the usual elegant dress the proceedings and papers, together with the discussions, presented complete.

We cannot omit to congratulate the Society on the good work which in these eight years has been accomplished. The papers which are con-

tributed are uniformly prepared with great care, and each year a great deal of progress is made apparent. Not only so, but the influence of the Society has been to stimulate a lively interest in all that pertains to obstetrics and gynecology throughout the country, more particularly in the leading cities, in most of which active and enthusiastic local societies have been established.

The present Secretary is Dr. Frank P. Foster, of the *New York Medical Journal*, and those outside of the Society may learn from him how to obtain copies of the Transactions, and the price. The next meeting of the Society will be held in Chicago, September, 1884.

A Manual of Practical Hygiene. By EDMUND A. PARKES, M.D., F.R.S. Edited by F. S. B. FRANCOIS DE CHAUMONT, M.D., F.R.S. Sixth Edition, with an Appendix giving the American practice in matters relating to hygiene. Prepared under the supervision of FREDERICK N. OWEN, Civil and Sanitary Engineer. Volume II. New York: Wm. Wood & Co. 1883.

This is the volume of Wood's Library for November. The first volume appeared in September, 1883. The two volumes afford a very complete review of almost everything that pertains to this important subject, and their perusal shows what important matters have been systematized in the work. This volume contains chapters on habitations, warming, exercise, clothing, climate, the prevention of diseases, disinfection, etc.; the service of the soldier; service on shipboard, war, etc. The American appendix adds several chapters on important topics not considered in the original work. Such studies tend to preserve health and prolong life, and give value and credit to scientific investigations.

Female Hygiene and Female Diseases. By J. K. Shirk, M.D., Member of the Lancaster City and County Medical Society. Lancaster, Pa: Lancaster Publishing Company. 1884.

Lancaster has produced some of the most eminent gynecologists of this country; and now we have a new candidate for professional honors in this department, albeit the little book before us is by no means ambitious in size or pretentions. The book purports to be prepared rather for the laity; that is, for its gentler portion. There is presented a consideration in brief chapters of puberty, menstruation, the nature and the causes of female diseases; also a review of some of the more common diseases incident to females: something about displacements, especially "falling," cancer, sterility, change of life.

For the most part these various subjects are presented in terms adapted to the general popular reader, and for the most part the suggestions, especially those which are to be regarded as hygienic, are judicious. Still, on the general principle that a "little learning is a dangerous thing,"

it may be fairly questioned if such books are useful. The wise physician may often explain with propriety the nature of a peculiar case of disease to his lady patient; but we suspect a little book, for her frequent reference and reading, like the present, and many others by no means so good, is calculated to mislead the gentle reader into the notion that she is already a reliable doctor.

Veterinary Medicine and Surgery, In Diseases and Injuries of the Horse. Compiled from Standard and Modern Authorities, and Edited by F. O. KIRBY. Copiously Illustrated. New York: Wm. Wood & Co. 1883.

Every doctor should know enough of veterinary medicine not only to care for the wants of his own horse but to give intelligent advice to his neighbors. In the book before us we find repeated that which we have so often had said to us by horsemen; that horses are subject to the same range of diseases as the human, and very similar methods of treatment are advised. There are certain diseased conditions, however, of the foot and leg that are peculiar, and we find these well considered and the treatment generally rational. We can endorse this book with more than usual confidence.

This volume concludes the series of Wood's Medical Library for 1883. The series has been unusually valuable, and each year the publishers seem to compete with each preceding series.

A Manual of Obstetrics. By A. F. A. KING, M.D., Professor of Obstetrics, etc., in the Medical Department of the Columbian University, Washingson, D. C., and in the University of Vermont. Philadelphia: Henry C. Lea's Son & Co. 1884.

This is the second edition of Prof. King's little Obstetric Manual. The first was noticed in the GAZETTE during the past year, and it speaks well for the book that a new edition is so soon demanded. It is exactly what it purports to be—a manual and not a text-book. In the hurry of busy practice its chapters will refresh the memory and prove a good and convenient guide to the *accoucheur*. Its contents cover the whole ground; the anatomy of the parts concerned; pregnancy and its diseases; abortion; labor and its management; irregular presentations and management; the use of instruments; various post-partum accidents, closing with a valuable chapter on obstetric jurisprudence. The book is abundantly illustrated. Thus, in very brief space comparatively, the busy doctor will find all the essentials of obstetric practice, and will certainly appreciate it as a good addition to his library.

I HAVE used Churchill's preparation, as made by J. A. McArthur, with the most decided benefit, and am satisfied that a fair trial is all that is required to establish its therapeutic value. I have, at this writing, several cases in which the Syrup is doing beyond my expectations.

Philadelphia, February 6, 1884. PHILIP LEIDY, M.D.